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RELEVANT

The Soldiers' and Sailors' rights from under the usual obligations or property rights.

A soldier or sailor may be on which an installment is a nonpayment. Or he may be in a necessary occupation in the service now be unable to leave in during his absence the law be sued on some point in the

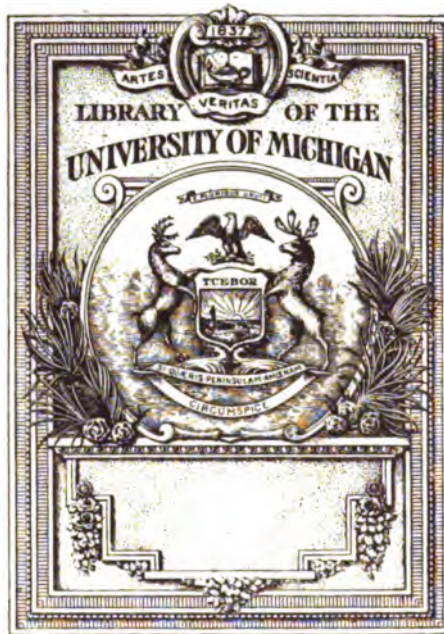
In these and other such hardship.

The provisions of the main principle is as

(1) Let some sailor. Then the law has power to do appropriate. The law

(2) If a sailor and give the law preparing to

court in some cases



THE GIFT OF
Charles A. Riegelman

U. S. Army

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1918

U.S. Provist-marshal-general's bu can.

DISTRICT AND LOCAL BOARDS

**PRESCRIBED BY THE PRESIDENT
UNDER AUTHORITY VESTED IN HIM BY THE SELECTIVE
SERVICE LAW (ACT OF MAY 18, 1917)**

**SHOWING LOCATION AND JURISDICTION OF
DISTRICT BOARDS AND LOCATION
OF LOCAL BOARDS**



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**WASHINGTON
GOVERNMENT PRINTING OFFICE
1918**

DISTRICT BOARDS.

ALABAMA.

Northern District, Division No. 1.

Headquarters.—Jefferson County Bank Building, Birmingham, Ala.

Jurisdiction.—Counties: Bibb, Blount, Cullman, Clay, Cleburne, Greene, Jefferson, Pickens, Shelby, Sumter, Talladega, Tuscaloosa.

Northern District, Division No. 2.

Headquarters.—Federal Court Building, Huntsville, Ala.

Jurisdiction.—Counties: Cherokee, Colbert, Cullman, Dekalb, Etowah, Fayette, Franklin, Jackson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, St. Clair, Walker, Winston.

Middle District.

Headquarters.—709 First National Bank Building, Montgomery, Ala.

Jurisdiction.—Counties: Autauga, Barbour, Bullock, Butler, Chambers, Chilton, Coffee, Coosa, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Randolph, Russell, Tallapoosa.

Southern District.

Headquarters.—Federal building, Mobile, Ala.

Jurisdiction.—Counties: Baldwin, Choctaw, Clarke, Conecuh, Dallas, Escambia, Hale, Marengo, Mobile, Monroe, Perry, Washington, Wilcox.

ARIZONA.

Division No. 1.

Headquarters.—Room 2, county courthouse, Phoenix, Ariz.

Jurisdiction.—Counties: Apache, Coconino, Maricopa, Mohave, Navajo, Pinal, Yavapai, Yuma.

Division No. 2.

Headquarters.—Tucson, Ariz.

Jurisdiction.—Counties: Cochise, Gila, Graham, Greenlee, Pima, Santa Cruz.

ARKANSAS.

Eastern District.

Headquarters.—Pulaski County courthouse, Little Rock, Ark.

Jurisdiction.—Counties: Arkansas, Ashley, Bradley, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Drew, Faulkner, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Mississippi, Monroe, Montgomery, Perry, Phillips, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Sharp, Stone, St. Francis, Van Buren, White, Woodruff, Yell.

Western District.

Headquarters.—Fort Smith, Ark.

Jurisdiction.—Counties: Baxter, Benton, Boone, Calhoun, Carroll, Columbia, Crawford, Franklin, Hempstead, Howard, Johnson, Lafayette, Little River, Logan, Madison, Marion, Miller, Nevada, Newton, Ouachita, Pike, Polk, Scott, Searcy, Sebastian, Sevier, Union, Washington.

CALIFORNIA.

Northern District, Division No. 1.

Headquarters.—400 city hall, San Francisco, Cal.

Jurisdiction.—Counties: San Francisco and Alameda.

Northern District, Division No. 2.

Headquarters.—704 Fourth Street, San Rafael, Cal.

Jurisdiction.—Counties: Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, Santa Clara, Santa Cruz, San Mateo, Solano, Sonoma.

Northern District, Division No. 3.

Headquarters.—State capitol building, Sacramento, Cal.

Jurisdiction.—Counties: Alpine, Amador, Butte, Calaveras, Colusa, Eldorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, San Joaquin, Sacramento, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba.

Southern District, Division No. 1.

Headquarters.—Room F, Chamber of Commerce Building, 100 South Broadway, Los Angeles, Cal.

Jurisdiction.—Counties: Los Angeles, Orange, and San Diego.

Southern District, Division No. 2.

Headquarters.—Courthouse, Bakersfield, Cal.

Jurisdiction.—Counties: Fresno, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Merced, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Tulare, Ventura.

COLORADO.

Division No. 1.

Headquarters.—Room 19, courthouse, Pueblo, Colo.

Jurisdiction.—Counties: Alamosa, Archuleta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Gunnison, Hinsdale, Huerfano, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Montezuma, Montrose, Otero, Ouray, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Saguache, San Juan, San Miguel, Teller.

Division No. 2.

Headquarters.—244 capitol building, Denver, Colo.

Jurisdiction.—Counties: Adams, Arapahoe, Boulder, Cheyenne, Clear Creek, Denver, Douglas, Elbert, Gilpin, Grand, Jackson, Jefferson, Kit Carson, Larimer, Lincoln, Logan, Moffat, Morgan, Park, Phillips, Routt, Sedgwick, Summit, Washington, Weld, Yuma.

CONNECTICUT.

Division No. 1.

Headquarters.—18 Asylum Street, Hartford, Conn.

Jurisdiction.—Counties: Hartford, Litchfield, Tolland, Windham.

Division No 2.

Headquarters.—County courthouse, Waterbury, Conn.

Jurisdiction.—Counties: Middlesex, New London, and New Haven, except the towns of Ansonia, Beacon Falls, Derby, Middlebury, Milford, Orange, Oxford, Seymour, Southbury.

Division No. 3.

Headquarters.—County courthouse, Bridgeport, Conn.

Jurisdiction.—Fairfield County and that part of New Haven County embracing the towns of Ansonia, Beacon Falls, Derby, Middlebury, Milford, Orange, Oxford, Seymour, Southbury.

DELAWARE.

District Board for the State of Delaware.

Headquarters.—State Capitol, Dover, Del.
Jurisdiction.—Entire State.

DISTRICT OF COLUMBIA.

18 C.

18 C.

District Board for the District of Columbia.

Headquarters.—Room 513, District Building, Washington, D. C.
Jurisdiction.—District of Columbia.

18 C.

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FLORIDA.

18 C.

Northern District.

Headquarters.—Pensacola, Fla.

18 C.

Jurisdiction.—Counties: Alachua Bay, Calhoun, Escambia, Franklin, Gadsden, Holmes, Jefferson, Jackson, Lafayette, Levy, Liberty, Leon, Okaloosa, Santa Rosa, Taylor, Walton, Washington, Wakulla.

18 C.

Southern District.

Headquarters.—Tampa, Fla.

18 C.

18 C.

Jurisdiction.—Counties: Baker, Bradford, Brevard, Broward, Citrus, Clay, Columbia, Dade, De Soto, Duval, Flagler, Hamilton, Hernando, Hillsborough, Lake, Lee, Madison, Manatee, Marion, Monroe, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pinellas, Polk, Pasco, Putnam, St. Johns, St. Lucie, Seminole, Sumter, Suwannee, Volusia.

GEORGIA.

Northern District.

Headquarters.—Fulton County Courthouse, Atlanta, Ga.

Jurisdiction.—Counties: Banks, Barrow, Bartow, Campbell, Carroll, Catoosa, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Cobb, Coweta, Dade, Dawson, De Kalb, Douglas, Early, Elbert, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Hart, Heard, Henry, Jackson, Lumpkin, Madison, Marion, Meriwether, Milton, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Quitman, Rabun, Randolph, Rockdale, Schley, Spalding, Stephens, Stewart, Talbot, Taylor, Terrell, Towns, Troup, Union, Walker, Walton, Webster, White, Whitfield.

Southern District, Division No. 1.

Headquarters.—Savannah Fire Insurance Building, Savannah, Ga.

Jurisdiction.—Counties: Appling, Bacon, Baker, Ben Hill, Berrien, Brooks, Bryan, Bulloch, Calhoun, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Colquitt, Crisp, Decatur, Dougherty, Echols, Effingham, Emanuel, Evans, Glynn, Grady, Irwin, Jeff Davis, Jenkins, Lee, Liberty, Lowndes, McIntosh, Miller, Mitchell, Montgomery, Pierce, Screven, Tattnall, Thomas, Tift, Toombs, Turner, Ware, Wayne, Worth.

Southern District, Division No. 2.

Headquarters.—Public Utility Building, Macon, Ga.

Jurisdiction.—Counties: Baldwin, Bibb, Bleckly, Burke, Butts, Columbia, Crawford, Dodge, Dooly, Glascock, Hancock, Houston, Jasper, Jefferson, Johnson, Jones, Laurens, Lincoln, Macon, McDuffie, Monroe, Pike, Pulaaki, Putnam, Richmond, Sumter, Taliaferro, Telfair, Twiggs, Upson, Warren, Washington, Wheeler, Wilcox, Wilkes, Wilkinson.

IDAHO.

Division No. 1.

Headquarters.—Sandpoint, Idaho.

Jurisdiction.—Counties: Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce, Shoshone.

Division No. 2.

Headquarters.—Boise, Idaho.

Jurisdiction.—Counties: Ada, Adams, Bannock, Bear Lake, Bingham, Blaine, Boise, Bonneville, Butte, Camma, Canyon, Cassia, Custer, Elmore, Franklin, Fremont, Gem, Gooding, Jefferson, Lemhi, Lincoln, Madison, Minidoka, Oneida, Owyhee, Payette, Power, Teton, Twin Falls, Valley, Washington.

ILLINOIS.

Northern District, Division No. 1.

Headquarters.—112 West Adams Street, Chicago.

Jurisdiction.—Local Boards Nos. 1-28, inclusive; 44, 45; 67-77, inclusive; 81, 82, and 83 of the city of Chicago.

Northern District, Division No. 2.

Headquarters.—Room 1122, 112 West Adams Street, Chicago.

Jurisdiction.—Local Boards Nos. 20-43, inclusive; 46-60, inclusive; 78-80, inclusive; 84-86, inclusive, of the city of Chicago.

Northern District Division No. 3.

Headquarters.—Room 721, 112 West Adams Street, Chicago.

Jurisdiction.—Local Boards Nos. 1-9, inclusive, of Cook County outside of Chicago; and the counties of Boone, Kekalb, Dupage, Grundy, Kane, Kendall, Lake, LaSalle, McHenry, and Will.

Northern District, Division No. 4.

Headquarters.—Room 8, Fry's Block, Freeport, Ill.

Jurisdiction.—Counties: Carroll, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago.

Southern District, Division No. 1.

Headquarters.—Room 601, Lehman Building, Peoria, Ill.

Jurisdiction.—Counties: Bureau, Fulton, Henderson, Henry, Knox, Livingston, Marshall, McDonough, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren, and Woodford.

Southern District, Division No. 2.

Headquarters.—State arsenal, Springfield, Ill.

Jurisdiction.—Counties: Adams, Bond, Brown, Calhoun, Cass, Christian, Dewitt, Greene, Hancock, Jersey, Logan, Macon, Macoupin, Madison, Mason, McLean, Menard, Montgomery, Morgan, Pike, Sangamon, Schuyler, and Scott.

Eastern District, Division No. 1.

Headquarters.—Mount Vernon, Ill.

Jurisdiction.—Counties: Alexander, Clinton, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, St. Clair, Saline, Union, Washington, White, Williamson.

Eastern District, Division No. 2.

Headquarters.—Robeson Building, Champaign, Ill.

Jurisdiction.—Counties: Champaign, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Ellingham, Fayette, Ford, Iroquois, Jasper, Kankakee, Lawrence, Moultrie, Platt, Richland, Shelby, Vermilion, Wabash, Wayne.

INDIANA.

Division No. 1.

Headquarters.—Laporte, Ind.

Jurisdiction.—Counties: Benton, Carroll, Cass, Clinton, Fountain, Fulton, Howard, Jasper, Lake, Laporte, Marshall, Miami, Newton, Porter, Pulaski, St. Joseph, Starke, Tipton, Tippecanoe, Warren, White.

Division No. 2.

Headquarters.—Physician's Defense Building, Fort Wayne, Ind.

Jurisdiction.—Counties: Adams, Allen, Blackford, Dekalb, Delaware, Elkhart, Fayette, Franklin, Grant, Henry, Huntington, Jay, Kosciusko, Lagrange, Madison, Noble, Randolph, Rush, Steuben, Union, Wabash, Wayne, Wells, Whitley.

Division No. 3.

Headquarters.—State house, Indianapolis.

Jurisdiction.—Counties: Bartholomew, Boone, Clark, Clay, Dearborn, Decatur, Floyd, Hamilton, Hancock, Hendricks, Jefferson, Jennings, Johnson, Marion, Montgomery, Morgan, Ohio, Parke, Putnam, Ripley, Scott, Shelby, Switzerland, Vermillion, Vigo.

Division No. 4.

Headquarters.—Oliphant Building, Vincennes, Ind.

Jurisdiction.—Counties: Brown, Crawford, Daviess, Dubois, Gibson, Greene, Harrison, Jackson, Knox, Lawrence, Martin, Monroe, Orange, Owen, Perry, Pike, Posey, Spencer, Sullivan, Vanderburg, Warrick, Washington.

IOWA.

Northern District.

Headquarters.—Marsh Place Building, Waterloo, Iowa.

Jurisdiction.—Counties: Allamakee, Benton, Blackhawk, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clay, Clayton, Delaware, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Harlan, Howard, Humboldt, Ida, Iowa, Jackson, Jones, Kossuth, Linn, Lyon, Mitchell, Monona, O'Brien, Osceola, Palo Alto, Pocahontas, Plymouth, Sac, Sioux, Tama, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright.

Southern District.

Headquarters.—Statehouse, Des Moines, Iowa.

Jurisdiction.—Counties: Adair, Adams, Appanoose, Audubon, Boone, Cass, Clarke, Clinton, Crawford, Dallas, Davis, Decatur, Des Moines, Fremont, Greene, Guthrie, Harrison, Henry, Jasper, Jefferson, Johnson, Keokuk, Lee, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monroe, Montgomery, Muscatine, Page, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Story, Taylor, Union, Van Buren, Ringgold, Wapello, Warren, Washington, Wayne.

KANSAS.

Division No. 1.

Headquarters.—Statehouse, Topeka, Kans.

Jurisdiction.—Counties: Allen, Anderson, Atchison, Bourbon, Brown, Chase, Chautauqua, Cherokee, Coffey, Cowley, Crawford, Doniphan, Douglas, Elk, Franklin, Greenwood, Jackson, Jefferson, Johnson, Labette, Leavenworth, Linn, Lyon, Marion, Miami, Morris, Montgomery, Nemaha, Neosho, Osage, Pottawattamie, Shawnee, Wabaunsee, Wilson, Woodson, Wyandotte.

Division No. 2.

Headquarters.—Federal Building, Wichita.

Jurisdiction.—Counties: Barber, Barton, Butler, Cheyenne, Clark, Clay, Cloud, Comanche, Decatur, Dickinson, Edwards, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Hamilton, Harper, Harvey, Haskell, Hodgeman, Jewell, Kearny, Kingman, Kiowa, Lane, Lincoln, Logan, McPherson, Marshall, Meade, Mitchell, Morton, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Pratt, Rawlins, Reno, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Sedgwick, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Sumner, Thomas, Trego, Wallace, Washington, Wichita.

KENTUCKY.**Eastern District.**

Headquarters.—Phoenix Hotel, Lexington, Ky.

Jurisdiction.—Counties: Anderson, Bath, Bell, Boone, Bourbon, Boyle, Boyd, Bracken, Breathitt, Campbell, Carroll, Carter, Clark, Clay, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Gallatin, Garrard, Grant, Greenup, Harlan, Harrison, Henry, Jackson, Jessamine, Johnson, Kenton, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, McCreary, Madison, Mason, Magoffin, Martin, Mercer, Menifee, Morgan, Montgomery, Nicholas, Owen, Owsley, Perry, Pendleton, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Scott, Shelby, Trimble, Wayne, Whitley, Wolfe, and Woodford.

Western District, Division No. 1.

Headquarters.—Federal Building, Louisville, Ky.

Jurisdiction.—Counties: Adair, Barren, Breckinridge, Bullitt, Clinton, Cumberland, Edmonson, Grayson, Green, Hardin, Hart, Jefferson, Larnue, Marion, Meade, Metcalfe, Monroe, Nelson, Oldham, Russell, Spencer, Taylor, and Washington.

Western District, Division No. 2.

Headquarters.—Madisonville, Ky.

Jurisdiction.—Counties: Allen, Ballard, Butler, Caldwell, Calloway, Carlisle, Casey, Christian, Crittenden, Daviess, Fulton, Graves, Hancock, Henderson, Hickman, Hopkins, Livingston, Logan, Lyon, McCracken, McLean, Marshall, Muhlenberg, Ohio, Simpson, Todd, Trigg, Union, Warren, and Webster.

LOUISIANA.**Eastern District, Division No. 1.**

Headquarters.—Room 300, Federal building, New Orleans, La.

Jurisdiction.—Parishes: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, and St. John the Baptist.

Eastern District, Division No. 2.

Headquarters.—The capitol, Baton Rouge, La.

Jurisdiction.—Parishes: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberia, Iberville, Lafourche, Livingston, Pointe Coupee, St. Helena, St. James, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Washington, West Baton Rouge, and West Feliciana.

Western District.

Headquarters.—City National Bank Building, Shreveport, La.

Jurisdiction.—Parishes: Allen, Avoyelles, Acadia, Beauregard, Bossier, Bienville, Catahoula, Caldwell, Concordia, Caddo, Claiborne, Calcasieu, Cameron, De Soto, East Carroll, Evangeline, Franklin, Grant, Jackson, Jefferson Davis, La Salle, Lincoln, Lafayette, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Richland, Red River, St. Landry, St. Martin, Sabine, Tensas, Union, Vermillion, Vernon, Winn, West Carroll, and Webster.

MAINE.**Division No. 1.**

Headquarters.—State house, Augusta, Me.

Jurisdiction.—Counties: Androscoggin, Cumberland, Franklin, Kennebec, Oxford, Sagadahoc, and York.

Division No. 2.

Headquarters.—Federal building, Bangor, Me.

Jurisdiction.—Counties: Arundel, Hancock, Knox, Lincoln, Penobscot, Piscataquis, Somerset, Waldo, and Washington.

MARYLAND.**Division No. 1.**

Headquarters.—American Building, Baltimore, Md.

Jurisdiction.—Baltimore city.

Division No. 2.

Headquarters.—Annapolis, Md.

Jurisdiction.—Counties: Allegany, Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Garrett, Harford, Howard, Montgomery, Prince Georges, St. Marys, Washington.

Division No. 3.

Headquarters.—Denton, Md.

Jurisdiction.—Counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico, Worcester.

MASSACHUSETTS.**Division No. 1.**

Headquarters.—81 Elm Street, Springfield, Mass.

Jurisdiction.—Chicopee, Holyoke, Pittsfield, Springfield, and Divisions No. 1, 2, 3, 4, 5, 6, 7, 8, and 9 of the State of Massachusetts.

Division No. 2.

Headquarters.—1020 Slater Building, Worcester, Mass.

Jurisdiction.—Fitchburg, Worcester, and Divisions No. 10, 11, 12, 13, 14, 15, 16, 17, 18, 22, 23, and 24 of the State of Massachusetts.

Division No. 3.

Headquarters.—Essex County courthouse, Lawrence, Mass.

Jurisdiction.—Haverhill, Lawrence, Lowell, Malden, Medford, Waltham, and Divisions No. 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, and 30 of the State of Massachusetts.

Division No. 4.

Headquarters.—514 Tremont Building, Boston, Mass.

Jurisdiction.—Boston.

Division No. 5.

Headquarters.—702 Tremont Building, Boston, Mass.

Jurisdiction.—Brookline, Cambridge, Chelsea, Everett, Lynn, Newton, Salem, Somerville, and Divisions No. 23, 25, and 31 of the State of Massachusetts.

Division No. 6.

Headquarters.—County courthouse, Taunton, Mass.

Jurisdiction.—Brockton, Fall River, New Bedford, Quincy, Taunton, and Divisions No. 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, and 43 of the State of Massachusetts.

MICHIGAN.

Eastern District, Division No. 1.

Headquarters.—Municipal courts building, St. Antoine and Clinton, Detroit, Mich.

Jurisdiction.—City of Detroit, village of Highland Park.

Eastern District, Division No. 2.

Headquarters.—2180 Penobscot Building, Detroit, Mich.

Jurisdiction.—Counties: Lapeer, Lenawee, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (exclusive of Detroit and Highland Park).

Eastern District, Division No. 3.

Headquarters.—Post office, Lansing, Mich.

Jurisdiction.—Counties: Branch, Calhoun, Clinton, Genesee, Gratiot, Hillsdale, Ingham, Jackson, Livingston, Saginaw, Shiawassee.

Eastern District, Division No. 4.

Headquarters.—City hall, Bay City, Mich.

Jurisdiction.—Counties: Alcona, Alpena, Arenac, Bay, Cheboygan, Clare, Crawford, Gladwin, Huron, Iosco, Isabella, Midland, Montmorency, Ogemaw, Oscoda, Ostego, Presque Isle, Roscommon, Sanilac, Tuscola.

Western District, Division No. 1.

Headquarters.—400 Peck Building, Kalamazoo, Mich.

Jurisdiction.—Counties: Allegan, Barry, Berrien, Cass, Eaton, Kalamazoo, St. Joseph, Van Buren.

Western District, Division No. 2.

Headquarters.—City hall, Grand Rapids, Mich.

Jurisdiction.—Counties: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Ionia, Kalkaska, Kent, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Wexford.

Western District, Division No. 3.

Headquarters.—Michigan College of Mines, Houghton, Mich.

Jurisdiction.—Counties: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebec, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft.

MINNESOTA.

Division No. 1.

Headquarters.—Federal building, Mankato, Minn.

Jurisdiction.—Counties: Blue Earth, Brown, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Redwood, Rice, Rock, Scott, Sibley, Steele, Waseca, Wabasha, Watonwan, Winona, Yellow Medicine.

Division No. 2.

Headquarters.—Federal office building, Minneapolis, Minn.

Jurisdiction.—Counties: Anoka, Carver, Chippewa, Hennepin, Minneapolis City, Isanti, Kandiyohi, McLeod, Meeker, Renville, Sherburne, Swift, Wright.

Division No. 3.

Headquarters.—Fourth floor new post-office building, St. Paul, Minn.

Jurisdiction.—Counties: Benton, Big Stone, Chisago, Dakota, Douglas, Grant, Kanabec, Mille Lacs, Morrison, Otter Tail, Pine, Pope, Ramsey, St. Paul City, Stearns, Stevens, Todd, Traverse, Washington, Wilkin.

Division No. 4.¹

Headquarters.—Duluth.

Jurisdiction.—Counties of Aitkin, Cass, Carlton, Cook, Crow Wing, Itasca, Koochiching, Lake, St. Louis.

¹ Board No. 4 was created October 2, 1918, prior to which date Board No. 4 with headquarters at Duluth, had jurisdiction of the entire territorial area now under Boards Nos. 4 and 5.

Division No. 5.¹**Headquarters**—Crookston.**Jurisdiction**—Counties of Becker, Beltrami, Clay, Clearwater, Hubbard, Kittson, Marshall, Mahnomon, Norman, Pennington, Polk, Red Lake, Roseau, Wadena.**MISSISSIPPI.****Northern District.****Headquarters**.—Professional Building, Tupelo, Miss.**Jurisdiction**.—Counties: Alcorn, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Clay, Coahoma, De Soto, Grenada, Itawamba, Lafayette, Lee, Leflore, Lowndes, Marshall, Monroe, Montgomery, Oktibbeha, Panola, Pontotoc, Prentiss, Quitman, Sunflower, Tallahatchie, Tate, Tipah, Tishomingo, Tunica, Union, Webster, Winston, Yalobusha.**Southern District.****Headquarters**.—Government building, Vicksburg, Miss.**Jurisdiction**.—Counties: Adams, Amite, Claiborne, Clarke, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson, Jeff Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Neshoba, Newton, Noxubee, Pearl River, Perry, Pike, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Walthall, Warren, Washington, Wayne, Wilkinson, Yazoo.**MISSOURI.****Eastern District, Division No. 1.****Headquarters**.—Boatmen's Bank Building, St. Louis, Mo.**Jurisdiction**.—St. Louis County, St. Louis city.**Eastern District, Division No. 2.****Headquarters**.—Canton, Mo.**Jurisdiction**.—Counties: Adair, Audrain, Chariton, Clark, Knox, Lewis, Lincoln, Linn, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, St. Charles, Schuyler, Scotland, Shelby, Warren.**Eastern District, Division No. 3.****Headquarters**.—Poplar Bluff, Mo.**Jurisdiction**.—Counties: Butler, Bollinger, Cape Girardeau, Carter, Crawford, Dent, Dunklin, Franklin, Gasconade, Iron, Jefferson, Madison, Maries, Mississippi, New Madrid, Pemiscot, Perry, Phelps, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Shannon, Stoddard, Washington, Wayne.**Western District, Division No. 1.****Headquarters**.—201 Railway Exchange Building, Kansas City, Mo.**Jurisdiction**.—Counties: Andrew, Atchison, Bates, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, Dekalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Platte, Putnam, Ray, St. Clair, Saline, Sullivan, Worth.**Western District, Division No. 2.****Headquarters**.—Federal Building, Jefferson City, Mo.**Jurisdiction**.—Counties: Barry, Barton, Benton, Boone, Callaway, Camden, Cedar, Christian, Cole, Cooper, Dade, Dallas, Douglas, Greene, Hickory, Howard, Howell, Jasper, Laclede, Lawrence, McDonald, Miller, Moniteau, Morgan, Newton, Oregon, Osage, Ozark, Pettis, Polk, Pulaski, Stone, Taney, Texas, Vernon, Webster, Wright.**MONTANA.****Division No. 1.****Headquarters**.—State capitol, Helena, Mont.**Jurisdiction**.—Counties: Beaverhead, Big Horn, Broadwater, Carbon, Custer, Dawson, Deer Lodge, Fallon, Gallatin, Granite, Jefferson, Lewis and Clark, Madison, Mineral, Missoula, Park, Powell, Prairie, Ravalli, Rosebud, Sanders, Silver Bow, Stillwater, Sweet Grass, Wibaux.

¹ Board No. 5 was created October 2, 1918, prior to which date Board No. 4, with headquarters at Duluth, had jurisdiction of the entire territorial area now under Boards Nos. 4 and 5.

Division No. 2.

Headquarters.—Great Falls, Mont.

Jurisdiction.—Counties: Blaine, Cascade, Chouteau, Fergus, Flathead, Hill, Lincoln, Meagher, Musselshell, Phillips, Richland, Sheridan, Teton, Toole, Valley, Wheatland, Yellowstone.

NEBRASKA.**Division No. 1.**

Headquarters.—Courthouse, Omaha, Nebr.

Jurisdiction.—Counties: Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Cedar, Cherry, Cheyenne, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dodge, Garden, Garfield, Grant, Greeley, Holt, Hooker, Howard, Keith, Keyapaha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Pierce, Platte, Rock, Sarpy, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thomas, Thurston, Valley, Washington, Wayne, Wheeler.

Division No. 2.

Headquarters.—Federal Building, Lincoln, Nebr.

Jurisdiction.—Counties: Adams, Butler, Cass, Chase, Clay, Dundy, Fillmore, Frontier, Franklin, Furnas, Gage, Gosper, Hall, Hamilton, Harlan, Hayes, Hitchcock, Jefferson, Johnson, Kearney, Lancaster, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Polk, Red Willow, Richardson, Saline, Saunders, Seward, Thayer, Webster, York.

NEVADA.**District Board for State of Nevada.**

Headquarters.—Law library, county courthouse, Reno, Nev.

Jurisdiction.—Entire State.

NEW HAMPSHIRE.**District Board for State of New Hampshire.**

Headquarters.—State house, Concord, N. H.

Jurisdiction.—Entire State.

NEW JERSEY.**Division No. 1.**

Headquarters.—City hall, Jersey City, N. J.

Jurisdiction.—Counties: Bergen, Hudson, Passaic.

Division No. 2.

Headquarters.—Mutual Benefit Building, 752 Broadway, Newark.

Jurisdiction.—Counties: Essex, Morris, Somerset, Sussex, Union, Warren.

Division No. 3.

Headquarters.—119 West State Street, Trenton, N. J.

Jurisdiction.—Counties: Atlantic, Burlington, Cumberland, Cape May, Camden, Gloucester, Huntingdon, Mercer, Middlesex, Monmouth, Ocean, Salem.

NEW MEXICO.**District for the State of New Mexico.¹**

Headquarters.—Santa Fe, N. Mex.

Jurisdiction.—Entire State.

NEW YORK.**Northern District, Division No. 1.**

Headquarters.—Malone, N. Y.

Jurisdiction.—Counties: Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, St. Lawrence, Saratoga, Warren, Washington.

¹ District Boards Nos 1 and 2 for the State of New Mexico, with headquarters at Santa Fe and Roswell, respectively, formerly had jurisdiction over the area now covered by this board. The two former boards were consolidated September 25, 1918, into the District Board for the State of New Mexico.

Northern District, Division No. 2.

Headquarters.—Special term room, county courthouse, Albany, N. Y.

Jurisdiction.—Counties: Albany, Delaware, Montgomery, Otsego, Rensselaer, Schenectady, and Schoharie.

Northern District, Division No. 3.

Headquarters.—Room 311, county courthouse, Syracuse, N. Y.

Jurisdiction.—Counties: Broome, Cayuga, Chemung, Cortland, Jefferson, Lewis, Madison, Oneida, Otsego, Oswego, Tioga, and Tompkins.

Western District, Division No. 1.

Headquarters.—Glen Springs Hotel, Watkins, N. Y.

Jurisdiction.—Counties: Allegany, Cattaraugus, Chautauqua, Chemung, Schuyler, Steuben, and Yates.

Western District, Division No. 2.

Headquarters.—Grand jury room, county courthouse, Rochester, N. Y.

Jurisdiction.—Counties: Livingston, Monroe, Ontario, Seneca, and Wayne.

Western District, Division No. 3.

Headquarters.—804 Iroquois Building, Buffalo, N. Y.

Jurisdiction.—Counties: Erie, Genesee, Niagara, Orleans, and Wyoming.

Southern District.

Headquarters.—Room 200, courthouse, White Plains, N. Y.

Jurisdiction.—Counties: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.

Eastern District.

Headquarters.—Nassau County Trust Co. Building, Mineola, N. Y.

Jurisdiction.—Counties of Nassau and Suffolk.

District Board for the City of New York.

Headquarters.—Room 411, Federal building, New York City. (Old post-office building.)

Jurisdiction.—New York City.

NORTH CAROLINA.**Eastern District.**

Headquarters.—Goldsboro, N. C.

Jurisdiction.—Counties: Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Durham, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hyde, Hoke, Johnston, Jones, Lee, Lenoir, Martin, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Richmond, Robeson, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, Wilson.

Western District.

Headquarters.—Statesville, N. C.

Jurisdiction.—Counties: Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Cherokee, Clay, Cleveland, Davidson, Davie, Forsyth, Gaston, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Orange, Polk, Randolph, Rockingham, Rowan, Rutherford, Stanly, Stokes, Surry, Swain, Transylvania, Union, Watuga, Wilkes, Yadkin, Yancey.

NORTH DAKOTA.**District Board for the State of North Dakota.**

Headquarters.—Federal building, Bismarck, N. Dak.

Jurisdiction.—Entire State.

OHIO.**Northern District, Division No. 1.**

Headquarters.—Post office, Canton, Ohio.

Jurisdiction.—Counties: Carroll, Columbiana, Holmes, Mahoning, Portage, Stark, Summitt, Trumbull, Tuscarawas, Wayne.

Northern District, Division No. 2.

Headquarters.—Old courthouse, Cleveland, Ohio.

Jurisdiction.—Counties: Ashland, Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Media, Richland.

Northern District, Division No. 3.

Headquarters.—Courthouse, Findlay, Ohio.

Jurisdiction.—Counties: Allen, Auglaize, Crawford, Defiance, Fulton, Hancock, Hardin, Henry, Lucas, Marion, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, Wyandot.

Southern District, Division No. 1.

Headquarters.—Post-office building, Cambridge, Ohio.

Jurisdiction.—Counties: Belmont, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Morgan, Muskingum, Noble, Washington.

Southern District, Division No. 2.

Headquarters.—Room 15, Federal building, Columbus, Ohio.

Jurisdiction.—Counties: Athens, Champaign, Clark, Delaware, Fairfield, Fayette, Franklin, Gallia, Hocking, Jackson, Knox, Lawrence, Licking, Logan, Madison, Meigs, Morrow, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton.

Southern District, Division No. 3.

Headquarters.—Room 710, Neave Building, Fourth and Race Streets, Cincinnati, Ohio.

Jurisdiction.—Counties: Adams, Brown, Butler, Clermont, Clinton, Darke, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Shelby, Warren.

OKLAHOMA.**Eastern District, Division No. 1.**

Headquarters.—Muskogee, Okla.

Jurisdiction.—Counties: Adair, Atoka, Bryan, Cherokee, Choctaw, Craig, Delaware, Haskell, Latimer, Le Flore, McCurtain, McIntosh, Marshall, Mayes, Muskogee, Ottawa, Pittsburg, Pushmataka, Sequoyah, Wagoner.

Eastern District, Division No. 2.

Headquarters.—Tulsa, Okla.

Jurisdiction.—Counties: Carter, Coal, Creek, Garvin, Hughes, Jefferson, Johnston, Love, McClain, Murray, Nowata, Okfuskee, Okmulgee, Pontotoc, Rogers, Seminole, Stephens, Tulsa, Washington.

Western District.

Headquarters.—Oklahoma City, Okla.

Jurisdiction.—Counties: Alfalfa, Beaver, Beckham, Blaine, Caddo, Canadian, Cimarron, Cleveland, Comanche, Cotton, Custer, Dewey, Ellis, Garfield, Grant, Greer, Harmon, Harper, Jackson, Kay, Kingfisher, Kiowa, Lincoln, Logan, Major, Noble, Oklahoma, Osage, Pawnee, Pottawatomie, Roger Mills, Texas, Tillman, Washita, Woods, Woodward.

OREGON.**Division No. 1.**

Headquarters.—Courthouse, Portland, Oreg.

Jurisdiction.—Counties: Clackamas, Clatsop, Columbia, Deschutes, Hood River, Jefferson, Marion, Multnomah, Tillamook, Wasco, Washington, Yamhill.

Division No. 2.

Headquarters.—Eugene, Oreg.

Jurisdiction.—Counties: Benton, Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Polk.

Division No. 3.

Headquarters.—La Grande, Oreg.

Jurisdiction.—Counties: Baker, Crook, Gilliam, Grant, Harney, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler.

PENNSYLVANIA.**City and County of Philadelphia (Eastern Judicial District).¹**

Headquarters.—401 Chestnut Street, Philadelphia.

Jurisdiction.—City and county of Philadelphia.

Eastern District, Division No. 3.

Headquarters.—Lehigh County courthouse, Allentown, Pa.

Jurisdiction.—Counties: Berks, Bucks, Lehigh, Northampton, Schuylkill.

Eastern District, Division No. 4.

Headquarters.—Courthouse, Lancaster, Pa.

Jurisdiction.—Counties: Chester, Delaware, Lancaster, Montgomery.

Western District, Division No. 1.

Headquarters.—Allegheny County courthouse, Pittsburgh, Pa.

Jurisdiction.—County: Allegheny.

Western District, Division No. 2.

Headquarters.—Erie, Pa.

Jurisdiction.—Counties: Armstrong, Beaver, Butler, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, Warren.

Western District, Division No. 3.

Headquarters.—Courthouse, Greensburg, Pa.

Jurisdiction.—Counties: Bedford, Blair, Cambria, Fayette, Greene, Somerset, Washington, and Westmoreland.

Middle District, Division No. 1.

Headquarters.—Federal building, Scranton, Pa.

Jurisdiction.—Counties: Bradford, Cameron, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Potter, Sullivan, Susquehanna, Tioga, Wayne, Wyoming.

Middle District, Division No. 2.

Headquarters.—State capitol building, Harrisburg, Pa.

Jurisdiction.—Counties: Adams, Center, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntington, Juniata, Lebanon, Mifflin, Montour, Northumberland, Perry, Snyder, Union, York.

RHODE ISLAND.**Division No. 1.**

Headquarters.—103 Smith Street, Providence, R. I.

Jurisdiction.—Local Boards for Divisions Nos. 1, 2, 4, 5, 6, 7, 8, 9, 10 of the city of Providence, Divisions Nos. 5 and 6, State of Rhode Island and the city of Newport.

Division No. 2.

Headquarters.—103 Smith Street, Providence, R. I.

Jurisdiction.—Local Boards for Divisions Nos. 1, 2, 3, 4, 7, 8 of the State of Rhode Island, Local Board for Divisions Nos. 1 and 2, city of Pawtucket, Local Board for Division No. 3, city of Providence, and Local Board for the city of Woonsocket.

¹ District Boards Nos. 1 and 2 of the eastern judicial district of Pennsylvania formerly had jurisdiction of the area now covered by this board. These two divisions were consolidated September 4, 1918, into the District Board for the city and county of Philadelphia, eastern judicial district of Pennsylvania.

SOUTH CAROLINA.

Eastern District.

Headquarters.—Union Bank Building, Columbia, S. C.

Jurisdiction.—Counties: Aiken, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Florence, Georgetown, Hampton, Horry, Jasper, Kershaw, Lee, Lexington, Marion, Marlboro, Orangeburg, Richland, Sumter, Williamsburg.

Western District.

Headquarters.—Greenwood, S. C.

Jurisdiction.—Counties: Aikerville, Anderson, Cherokee, Chester, Edgefield, Fairfield, Greenville, Greenwood, Lancaster, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, Union, York.

SOUTH DAKOTA.

District Board for State of South Dakota.

Headquarters.—Sioux Falls, S. Dak.

Jurisdiction.—Entire State.

TENNESSEE.

Middle District.

Headquarters.—First National Bank Building, Nashville, Tenn.

Jurisdiction.—Counties: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Franklin, Giles, Grundy, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson.

Eastern District.

Headquarters.—Federal Building, Knoxville, Tenn.

Jurisdiction.—Counties: Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hamilton, Hancock, Hawkins, James, Jefferson, Johnson, Knox, Loudon, McMinn, Marion, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington.

Western District.

Headquarters.—Y. M. C. A. Building, Memphis, Tenn.

Jurisdiction.—Counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale McNairy, Madison, Obion, Perry, Shelby, Tipton, Weakley.

TEXAS.

Northern District.

Headquarters.—Fort Worth, Tex.

Jurisdiction.—Counties: Armstrong, Archer, Baylor, Borden, Briscoe, Brown, Callahan, Carson, Castro, Childress, Clay, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crockett, Crosby, Dallam, Dallas, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ellis, Erath, Fisher, Floyd, Ford, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Hood, Howard, Hunt, Hutchinson, Irion, Jack, Johnson, Jones, Kaufman, Kent, King, Knox, Lamb, Lipscomb, Lubbock, Lynn, Menard, Mills, Mitchell, Montague, Moore, Motley, Navarro, Nolan, Ochiltree, Oldham, Palo Pinto, Parker, Parmer, Potter, Randall, Real, Reagan, Roberts, Rockwall, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Tarrant, Taylor, Terry, Throckmorton, Tom Green, Wheeler, Wichita, Wilbarger, Wise, Yoakum, Young.

Southern District.

Headquarters.—Room 622, Bins Building, Houston, Tex.

Jurisdiction.—Counties: Aransas, Austin, Bee, Brazos, Brazoria, Brooks, Calhoun, Cameron, Chambers, Colorado, De Witt, Duval, Fayette, Fort Bend, Galveston, Goliad, Grimes, Harris, Hidalgo, Jackson, Jim Hogg, Jim Wells, Kleberg, La Salle, Lavaca, Live Oak, McMullen, Madison, Matagorda, Montgomery, Nueces, Polk, Refugio, Victoria, San Jacinto, San Patricio, Starr, Trinity, Walker, Webb, Wharton, Willacy, Zapata.

Eastern District.

Headquarters.—Federal Building, Tyler, Tex.

Jurisdiction.—Counties: Anderson, Angelina, Bowie, Camp, Cass, Cherokee, Collin, Cooke, Delta, Denton, Fannin, Franklin, Grayson, Gregg, Hardin, Harrison, Henderson, Hopkins, Houston, Jasper, Jefferson, Lamar, Liberty, Marion, Morris, Nacogdoches, Newton, Orange, Panola, Rains, Red River, Rusk, Sabine, San Augustine, Shelby, Smith, Titus, Tyler, Upshur, Van Zandt, Wood.

Western District.

Headquarters.—Federal Building, Austin, Tex.

Jurisdiction.—Counties: Andrews, Atascosa, Bandera, Bastrop, Bell, Bexar, Blanco, Bosque, Burleson, Brewster, Burnett, Caldwell, Comas, Coryell, Culberson, Dimmit, Ector, Edwards, El Paso, Falls, Freestone, Frio, Gaines, Gillespie, Gonzales, Guadalupe, Hamilton, Hays, Hill, Hudspeth, Karnes, Kendall, Kerr, Kimble, Kinney, Jeff Davis, Lampasas, Lee, Leon, Llano, Limestone, McCulloch, McLennan, Martin, Mason, Maverick, Medina, Midland, Milam, Pecos, Presidio, Reeves, Robertson, San Saba, Somervell, Terrell, Travis, Upton, Uvalde, Valverde, Ward, Washington, Williamson, Wilson, Winkler, Zavalla.

UTAH.**District Board for the State of Utah.**

Headquarters.—Room 207, Federal building, Salt Lake City, Utah.

Jurisdiction.—Entire State.

VERMONT.**District Board for the State of Vermont.**

Headquarters.—State house, Montpelier, Vt.

Jurisdiction.—Entire State.

VIRGINIA.**Eastern District.**

Headquarters.—Richmond, Va.

Jurisdiction.—Counties: Accomac, Alexandria, Amelia, Brunswick, Caroline, Charles City, Chesterfield, Culpeper, Dinwiddie, Elizabeth City, Essex, Fairfax, Fauquier, Gloucester, Goochland, Greenvsille, Hanover, Henrico, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Loudoun, Louisa, Lunenburg, Mathews, Mecklenburg, Middlesex, Nansemond, New Kent, Norfolk, Northampton, Northumberland, Nottoway, Orange, Powhatan, Prince Edward, Prince George, Prince William, Princess Anne, Richmond, Southampton, Spotylvania, Stafford, Surry, Sussex, Warwick, Westmoreland, York.

Western District.

Headquarters.—Roanoke, Va.

Jurisdiction.—Counties: Albemarle, Alleghany, Amherst, Appomattox, Augusta, Bath, Bedford, Bland, Botetourt, Buchanan, Buckingham, Campbell, Carroll, Charlotte, Clarke, Craig, Cumberland, Dickenson, Floyd, Fluvanna, Franklin, Frederick, Giles, Grayson, Greene, Halifax, Henry, Highland, Lee, Madison, Montgomery, Nelson, Page, Patrick, Pulaski, Pittsylvania, Rappahannock, Roanoke, Rockbridge, Rockingham, Russell, Scott, Shenandoah, Smyth, Tazewell, Warren, Washington, Wise, Wythe.

WASHINGTON.**Eastern District, Division No. 1.**

Headquarters.—Room 208, Federal building, Spokane, Wash.

Jurisdiction.—Counties: Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens.

Eastern District, Division No. 2.

Headquarters.—Yakima, Wash.

Jurisdiction.—Counties: Adams, Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Yakima, Walla Walla, Whitman.

Western District, Division No. 1.

Headquarters.—Room 118, Public Safety Building, Seattle, Wash.

Jurisdiction.—Counties: Clallam, Island, Jefferson, King, Kitsap, San Juan, Skagit, Snohomish, and Whatcom.

Western District, Division No. 2.

Headquarters.—1607 National Realty Building, Tacoma, Wash.

Jurisdiction.—Counties: Clarke, Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, and Wahkiakum.

WEST VIRGINIA.**Northern District.**

Headquarters.—Federal Building, Clarksburg, W. Va.

Jurisdiction.—Counties: Barbour, Berkeley, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jefferson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Preston, Randolph, Ritchie, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, and Wood.

Southern District.

Headquarters.—Federal building, Charleston, W. Va.

Jurisdiction.—Counties: Braxton, Boone, Clay, Cabell, Fayette, Greenbrier, Jackson, Kanawha, Lincoln, Logan, Mason, Mercer, McDowell, Mingo, Monroe, Nicholas, Pocahontas, Putnam, Raleigh, Roane, Summers, Wayne, Webster, and Wyoming.

WISCONSIN.**Western District, Division No. 1.**

Headquarters.—State capitol, Madison, Wis.

Jurisdiction.—Counties: Adams, Buffalo, Columbia, Crawford, Dane, Grant, Green, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Monroe, Portage, Richland, Rock, Sauk, Trempealeau, Vernon, Wood.

Western District, Division No. 2.

Headquarters.—United States Government building, Eau Claire, Wis.

Jurisdiction.—Counties: Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Iron, Lincoln, Marathon, Oneida, Pepin, Pierce, Polk, Price, Rusk, St. Croix, Sawyer, Taylor, Vilas, Washburn.

Eastern District, Division No. 1.

Headquarters.—United States Government building, Milwaukee, Wis.

Jurisdiction.—County of Milwaukee.

Eastern District, Division No. 2.

Headquarters.—County courthouse, Racine, Wis.

Jurisdiction.—Counties: Dodge, Fond du Lac, Green Lake, Kenosha, Marquette, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha.

Eastern District, Division No. 3.

Headquarters.—City hall, Oshkosh, Wis.

Jurisdiction.—Counties: Brown, Calumet, Door, Florence, Forest, Kewau-
nee, Langlade, Manitowoc, Marinette, Oconto, Outagamie, Shawano,
Waupaca, Waushara, Winnebago.

WYOMING.**District Board for State of Wyoming.**

Headquarters.—State capitol, Cheyenne, Wyo.

Jurisdiction.—Entire State.

LOCAL BOARDS.

ALABAMA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Autauga.....	Prattville.	Jefferson No. 1.....	Bessemer.
Baldwin.....	Bay Minette.	Jefferson No. 2.....	Brookside.
Barbour.....	Clayton.	Jefferson No. 3.....	2028 Jefferson County Bank Building, Birmingham.
Bibb.....	Canterville.	Lamar.....	Vernon.
Blount.....	Oneonta.	Landerdale.....	Florence.
Bullock.....	Union Springs.	Lawrence.....	Moulton.
Butler.....	Greenville.	Lee.....	Opelika.
Calhoun.....	Anniston.	Limestone.....	Athens.
Chambers.....	Lafayette.	Lowndes.....	Hayneville.
Cherokee.....	Center.	Macon.....	Tuskegee.
Chilton.....	Clanton.	Madison.....	Huntsville.
Choctaw.....	Butler.	Marengo.....	Linden.
Clarke.....	Grove Hill.	Marion.....	Hamilton.
Clay.....	Ashland.	Marshall.....	Guntersville.
Cleburne.....	Heffin.	Mobile.....	Old Federal Building, Mo- bile.
Coffee.....	Elba.	Monroe.....	Monroeville.
Colbert.....	Tuscumbia.	Montgomery.....	Courthouse, Montgomery.
Conecuh.....	Evergreen.	Morgan.....	Decatur.
Coosa.....	Rockford.	Perry.....	Marion.
Covington.....	Andalusia.	Pickens.....	Carrollton.
Crenshaw.....	Luverne.	Pike.....	Troy.
Cullman.....	Cullman.	Randolph.....	Wedowee.
Dale.....	Ozark.	Russell.....	Seale.
Dallas.....	Selma.	St. Clair.....	Asheville.
Dekalb.....	Fort Payne.	Shelby.....	Columbiana.
Elmore.....	Wetumpka.	Sumter.....	Livingston.
Escambia.....	Brewton.	Talladega.....	Talladega.
Etowah.....	Gadsden.	Tallapoosa.....	Dadeville.
Fayette.....	Fayette.	Tuscaloosa.....	Tuscaloosa.
Franklin.....	Russellville.	Walker.....	Jasper.
Geneva.....	Geneva.	Washington.....	Chatom.
Greene.....	Eutaw.	Wilcox.....	Camden.
Hale.....	Greenboro.	Winston.....	Double Springs.
Henry.....	Abbeville.		
Houston.....	Dothan.		
Jackson.....	Scottsboro.		

CITIES.

BIRMINGHAM.

Local Board for Division No. 1
Local Board for Division No. 2
Local Board for Division No. 3
Local Board for Division No. 4
Local Board for Division No. 5
Local Board for Division No. 6

Twenty-second floor, Jefferson County Bank Building.

MOBILE.

Local Board for Division No. 1, Old Federal Building.
Local Board for Division No. 2, Van Antwerp Building.

MONTGOMERY.

Local Board for the city of Montgomery, City Building, Montgomery.

ARIZONA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Apache.....	St. Johns.	Mohave.....	Kingman.
Cochise.....	Tombstone.	Navajo.....	Holbrook.
Coconino.....	Flagstaff.	Pima.....	Tucson.
Gila.....	Globe.	Pinal.....	Florence.
Graham.....	Safford.	Santa Cruz.....	Nogales.
Greenlee.....	Clifton.	Yavapai.....	Prescott.
Maricopa.....	Phoenix.	Yuma.....	Yuma.

ARKANSAS.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Arkansas.....	Stuttgart.	Lee.....	Marianna.
Ashley.....	Hamburg.	Lincoln.....	Star City.
Baxter.....	Mountain Home.	Little River.....	Ashdown.
Benton.....	Bentonville.	Logan.....	Paris.
Boone.....	Harrison.	Lonoke.....	Lonoke.
Bradley.....	Warren.	Madison.....	Huntsville.
Calhoun.....	Hampton.	Marion.....	Yellville.
Carroll.....	Berryville.	Miller.....	Texarkana.
Chicot.....	Lake Village.	Mississippi.....	Blytheville.
Clark.....	Arkadelphia.	Monroe.....	Clarendon.
Clay.....	Piggott.	Montgomery.....	Mount Ida.
Cleburne.....	Heber Springs.	Nevada.....	Prescott.
Cleveland.....	Rison.	Newton.....	Jasper.
Columbia.....	Magnolia.	Ouachita.....	County Courthouse, Camden.
Conway.....	Morrilton.	Perry.....	Perryville.
Craighead.....	Jonesboro.	Phillips.....	Helena.
Crawford.....	Van Buren.	Pike.....	Murfreesboro.
Crittenden.....	Marion.	Poinsett.....	Harrisburg.
Cross.....	Wynne.	Polk.....	Mena.
Dallas.....	Fordyce.	Pope.....	Russellville.
Desha.....	Arkansas City.	Prairie.....	Des Arc.
Drew.....	Monticello.	Pulaski No. 1.....	Courthouse, Little Rock.
Faulkner.....	Conway.	Pulaski No. 2.....	North Little Rock.
Franklin.....	Ozark.	Randolph.....	Pocahontas.
Fulton.....	Salem.	St. Francis.....	Forrest City.
Garland.....	Hot Springs.	Saline.....	Benton.
Grant.....	Sheridan.	Scott.....	Waldron.
Greene.....	Paragould.	Searcy.....	Marshall.
Hempstead.....	Hope.	Sebastian No. 1.....	Fort Smith.
Hot Springs.....	Malvern.	Sebastian No. 2.....	Greenwood.
Howard.....	Nashville.	Sevier.....	De Queen.
Independence.....	Batesville.	Sharp.....	Evaningshade.
Izard.....	Melbourne.	Stone.....	Mountain View.
Jackson.....	Newport.	Union.....	El Dorado.
Jefferson No. 1.....	Pine Bluff.	Van Buren.....	Clinton.
Jefferson No. 2.....	Do.	Washington.....	Fayetteville.
Johnson.....	Clarksville.	White.....	Searcy.
Lafayette.....	Lewisville.	Woodruff.....	Augusta.
Lawrence.....	Walnut Ridge.	Yell.....	Danville.

CITY.

LITTLE ROCK.

Local Board for Division No. 1, Courthouse, Little Rock.
Local Board for Division No. 2, 714 Southern Trust Building.

CALIFORNIA. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Alameda No. 1.....	1434 Park Street, Alameda.	Mono.....	Bridgeport.
Alameda No. 2.....	Haywards.	Monterey.....	Salinas.
Alameda No. 3.....	Emeryville Town Hall,	Napa.....	Courthouse, Napa.
Alpine.....	Emeryville.	Nevada.....	Nevada City.
Amador.....	Markelville.	Orange No. 1.....	Courthouse, Santa Ana.
Butte.....	Jackson.	Orange No. 2.....	Fullerton.
Calaveras.....	Chico.	Placer.....	Auburn.
Colusa.....	San Andreas.	Plumas.....	Quincy.
Contra Costa No. 1.....	Colusa.	Riverside No. 1.....	Courthouse, Riverside.
Contra Costa No. 2.....	Martinez.	Riverside No. 2.....	Do.
Del Norte.....	Richmond.	Sacramento.....	202 Courthouse, Sacramento.
El Dorado.....	Crescent City.	San Benito.....	Hollister.
Fresno No. 1.....	Placerville.	San Bernardino No. 1.....	Courthouse, San Bernardino.
Fresno No. 2.....	Room 308 Cory Building,	San Bernardino No. 2.....	City Hall, Redlands.
Glenn.....	Fresno.	San Bernardino No. 3.....	Barstow.
Humboldt.....	Do.	San Diego.....	Courthouse, San Diego.
Imperial.....	Willows.	San Joaquin.....	Farmers and Merchants
Inyo.....	Federal Building, Eureka.	San Luis Obispo.....	Bank, Stockton.
Kern No. 1.....	El Centro.	San Mateo.....	San Luis Obispo.
Kern No. 2.....	Bishop.	Santa Barbara.....	San Mateo.
Kings.....	Bakersfield.	Santa Clara No. 1.....	Santa Barbara.
Lake.....	Do.	Santa Clara No. 2.....	Second Floor, Twohy Build-
Lassen.....	Courthouse, Hanford.	Santa Clara No. 2.....	ing, San Jose.
Los Angeles No. 1.....	Lakeport.	Santa Cruz.....	Twohy Building, San Jose.
Los Angeles No. 2.....	Susanville.	Shasta.....	Santa Cruz.
Los Angeles No. 3.....	201 Marine Bank Building,	Sierra.....	Redding.
Los Angeles No. 4.....	Long Beach.	Siskiyou.....	Downsville.
Los Angeles No. 5.....	Pomona.	Solano.....	Siskiyou.
Los Angeles No. 6.....	Tower Room, City Hall,	Sonoma No. 1.....	Fairfield.
Los Angeles No. 7.....	Santa Monica.	Sonoma No. 2.....	Sebastopol.
Los Angeles No. 8.....	City Hall, Redondo Beach.	Stanislaus.....	Santa Rosa.
Madera.....	City Hall, Huntington Park.	Sutter.....	Modesto.
Marin.....	City Hall, Alhambra.	Tehama.....	Yuba City.
Mariposa.....	1010 West Broadway, Glen-	Trinity.....	Red Bluff.
Mendocino.....	dale.	Tulare No. 1.....	Weaverville.
Merced.....	Acton.	Tulare No. 2.....	Visalia.
Modoc.....	Madera.	Tuolumne.....	Lindsay.
	San Rafael.	Ventura.....	Sonora.
	Mariposa.	Yolo.....	County Courthouse, Ventura.
	Ukiah.	Yuba.....	Woodland.
	Merced.		Marysville.
	Alturas.		

CITIES.

BERKELEY.

Local Board for Division No. 1, 3004 Telegraph Avenue, South Berkeley.
Local Board for Division No. 2, 2069 Allston Way, Berkeley.

FRESNO.

Local Board for the city of Fresno, 200 Holland Building, Fresno.

LOS ANGELES.

Local Board for Division No. 1, Branch City Hall, Van Nuys.
Local Board for Division No. 2, 7530 Motor Avenue, Palms.
Local Board for Division No. 3, Branch City Hall, San Pedro.
Local Board for Division No. 4, 5829 Moneta Avenue.
Local Board for Division No. 5, 4726 South Park Avenue.
Local Board for Division No. 6, 1201 West Forty-eighth Street, Library Building.
Local Board for Division No. 7, 4304 Moneta Avenue.
Local Board for Division No. 8, State Exposition Building, Exposition Park.
Local Board for Division No. 9, 3 Berkeley Square.
Local Board for Division No. 10, 1904 South Main Street.
Local Board for Division No. 11, northwest corner Sentons and Piero Streets.
Local Board for Division No. 12, Corner Pico and El Mollive Streets.
Local Board for Division No. 13, 601 West Seventh Street.
Local Board for Division No. 14, 6422 Hollywood Boulevard.
Local Board for Division No. 15, Echo Park Club House.
Local Board for Division No. 16, 2015 East First Street.
Local Board for Division No. 17, 226 South Broadway.
Local Board for Division No. 18, 112 North Workman.

OAKLAND.

Local Board for Division No. 1, City Hall.
Local Board for Division No. 2, 702 City Hall.
Local Board for Division No. 3, 320 City Hall.
Local Board for Division No. 4, 301 City Hall.
Local Board for Division No. 5, 318 City Hall.
Local Board for Division No. 6, 166 Oley Hall.
Local Board for Division No. 7, 7307 East Fourteenth Street, Oakland.

CALIFORNIA—Continued.

CITIES—Continued.

PASADENA.

Local Board for Division No. 1, 608 Chamber of Commerce Building.
Local Board for Division No. 2, 30 North Raymond Avenue.

SACRAMENTO.

Local Board for Division No. 1, 107 State Capitol Building.
Local Board for Division No. 2, California Trust Building.

SAN DIEGO

Local Board for Division No. 1, 244 Federal Building.
Local Board for Division No. 2, 239 Federal Building.

SAN JOSE.

Local Board for the city of San Jose, Twohy Building, San Jose.

SAN FRANCISCO.

Local Board for Division No. 1, 1245 Market Street.
Local Board for Division No. 2, 1676 Mowcomb Avenue.
Local Board for Division No. 3, State Armory.
Local Board for Division No. 4, 85 Cerritas Avenue.
Local Board for Division No. 5, 1284 Valencia Street.
Local Board for Division No. 6, 216 Scott Street.
Local Board for Division No. 7, 1411 Ninth Avenue.
Local Board for Division No. 8, Richmond Police Station.
Local Board for Division No. 9, State Armory.
Local Board for Division No. 10, State Armory.
Local Board for Division No. 11, 250 Sansone Street.
Local Board for Division No. 12, City Hall (234).
Local Board for Division No. 13, Hall of Justice.

STOCKTON.

Local Board for the city of Stockton, Belding Building, Stockton.

COLORADO.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Brighton.	Lake.....	Leadville.
Alamosa.....	Alamosa.	La Plata.....	Durango.
Arapahoe.....	Littleton.	Larimer.....	Fort Collins.
Archuleta.....	Pagosa Springs.	Las Animas.....	Trinidad.
Baca.....	Springfield.	Lincoln.....	Hugo.
Bent.....	Las Animas.	Logan.....	Sterling.
Boulder.....	Boulder.	Mesa.....	Grand Junction.
Chaffee.....	Salida.	Mineral.....	Creede.
Cheyenne.....	Cheyenne Wells.	Monte.....	Craig.
Clear Creek.....	Georgetown.	Montezuma.....	Cortez.
Conejos.....	La Jara.	Montrose.....	Montrose.
Costilla.....	San Luis.	Morgan.....	Fort Morgan.
Crowley.....	Ordway.	Otero.....	La Junta.
Custer.....	Silver Cliff.	Oursy.....	Oursy.
Delta.....	Delta.	Park.....	Fairplay.
Dolores.....	Rico.	Phillips.....	Holyoke.
Douglas.....	Castle Rock.	Pitkin.....	Aspen.
Eagle.....	Red Cliff.	Prowers.....	Lamar.
Elbert.....	Kiowa.	Pueblo.....	County Courthouse, Pueblo.
El Paso.....	Courthouse, Colorado Springs.	Rio Blanco.....	Meeker.
Fremont.....	Cannon City.	Rio Grande.....	Del Norte.
Garfield.....	Glenwood Springs.	Routt.....	Steamboat Springs.
Gilpin.....	Central City.	Saguache.....	Saguache.
Grand.....	Kremmling.	San Juan.....	Silverton.
Gunnison.....	Lake City.	San Miguel.....	Telluride.
Hinsdale.....	Walsenburg.	Sedgwick.....	Julesburg.
Huerfano.....	Walden.	Summit.....	Breckenridge.
Jackson.....	Golden.	Teller.....	Cripple Creek.
Jefferson.....	Eads.	Washington.....	Akron.
Kiowa.....	Burlington.	Weld No. 1.....	County Courthouse, Greeley.
Kit Carson.....		Weld No. 2.....	Eaton.
		Yuma.....	Wray.

COLORADO—Continued.**CITIES.****COLORADO SPRINGS.**

Local Board for the city of Colorado Springs, City Hall, Colorado Springs.

DENVER.

Local Board for Division No. 1, 3607 West Thirty-second Avenue.
 Local Board for Division No. 2, 821 West Eighth Avenue.
 Local Board for Division No. 3, 289 South Broadway.
 Local Board for Division No. 4, Room 31 Courthouse.
 Local Board for Division No. 5, Capitol Building.
 Local Board for Division No. 6, 788 First National Bank.
 Local Board for Division No. 7, 203 City Hall.
 Local Board for Division No. 8, 622 Majestic Building.
 Local Board for Division No. 9, 203 City Hall.

PUEBLO.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, Room 302 Federal Building.

CONNECTICUT.**COUNTIES.**

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Hartford No. 1.....	Wells Hall, East Hartford.	Fairfield No. 13.....	Courthouse, Bridgeport.
Hartford No. 2.....	Plainville.	Fairfield No. 14.....	Norwalk.
Hartford No. 3.....	82 Main Street, Thomsonville.	Fairfield No. 15.....	Greenwich.
New Haven No. 4....	Branford.	Windham No. 16....	Putnam.
New Haven No. 5....	Meriden.	Windham No. 17....	Courthouse, Willimantic.
New Haven No. 6....	Naugatuck.	Litchfield No. 18....	Town Clerk's Office, Torrington.
New Haven No. 7....	Milford.	Litchfield No. 19....	Canaan.
New Haven No. 8....	Ansonia.	Litchfield No. 20....	Town Clerk's Office, New Milford.
New London No. 9..	Municipal Building, New London.	Middlesex No. 21....	Municipal Building, Middletown.
New London No. 10.	Norwich.	Middlesex No. 22....	Deep River.
New London No. 11.	217 Plant Building, New London.	Tolland No. 23.....	Rockville.
Fairfield No. 12.....	Bethel.		

CITIES.**BRIDGEPORT.**

Local Board for Division No. 1, Room 309 Newfield Building, 1188 Main Street.
 Local Board for Division No. 2, 983 Broad Street.
 Local Board for Division No. 3, 886 Main Street.
 Local Board for Division No. 4, 83 Fairfield Avenue.
 Local Board for Division No. 5, 393 East Main Street.
 Local Board for Division No. 6, Room 209, 886 Main Street.

HARTFORD.

Local Board for Division No. 1
 Local Board for Division No. 2
 Local Board for Division No. 3

Old Halls of Record, 114 Pearl Street.

NEW BRITAIN.

Local Board for Division No. 1, Room 408, City Hall Building.
 Local Board for Division No. 2, Room 201, City Hall Building.

NEW HAVEN.

Local Board for Division No. 1, Y. M. C. A. Building, 152 Temple Street.
 Local Board for Division No. 2, County Courthouse.
 Local Board for Division No. 3, 224 Orange Street.
 Local Board for Division No. 4, 185 Church Street.
 Local Board for Division No. 5, 106 Elm Street.
 Local Board for Division No. 6, Room 5, Wright Hall, Corner Elm and High Streets.

STAMFORD.

Local Board for the city of Stamford, City Hall, Stamford.

WATERBURY.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, 111 West Main Street.
 Local Board for Division No. 3, County Courthouse.

DELAWARE. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Kent.....	314 South State Street, Dover.	Sussex.....	County Building, George- town.
New Castle.....	Purnell Hall, Newark.		

CITY.

WILMINGTON.

Local Board for Division No. 1
Local Board for Division No. 2
Local Board for Division No. 3
Local Board for Division No. 4

Old Courthouse, Tenth and Market Streets.

DISTRICT OF COLUMBIA.

Local Board—	Post-office address.	Local Board—	Post-office address.
No. 1.....	Room 314 District Building, Washington.	No. 7.....	Room 115 District Building, Washington.
No. 2.....	Room 201 District Building, Washington.	No. 8.....	Room 5 District Building, Washington.
No. 3.....	City Post Office, Washing- ton.	No. 9.....	Room 112 District Building, Washington.
No. 4.....	Room 405 District Building, Washington.	No. 10.....	Room 421 District Building, Washington.
No. 5.....	Room 428 District Building, Washington.	No. 11.....	Room 428 District Building, Washington.
No. 6.....	Room 427 District Building, Washington.		

FLORIDA. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Alachua.....	Gainesville.	Levy.....	Bronson.
Baker.....	Maccleenny.	Liberty.....	Bristol.
Bay.....	Panama City.	Madison.....	Madison.
Bradford.....	Starke.	Manatee.....	Brandentown.
Brevard.....	Titusville.	Marion.....	Ocala.
Broward.....	Fort Lauderdale.	Monroe.....	Key West.
Calhoun.....	Blountstown.	Nassau.....	Fernandina.
Citrus.....	Inverness.	Okaloosa.....	Crestview.
Clay.....	Green Cove Springs.	Okeechobee *.....	Okeechobee.
Columbia.....	Lake City.	Orange.....	Orlando.
Dade.....	Miami.	Osceola.....	Kissimmee.
De Soto.....	Arcadia.	Palm Beach.....	West Palm Beach.
Duval.....	120 West Bay Street, Jack- sonville.	Pascoe.....	Dade City.
Escambia.....	Pensacola.	Pinellas.....	Clearwater.
Flagler.....	Bunnell.	Polk.....	Bartow.
Franklin.....	Apalachicola.	Putnam.....	Palatka.
Gadsden.....	Quincy.	St. John.....	St. Augustine.
Hamilton.....	Jasper.	St. Lucie.....	Fort Pierce.
Hernando.....	Brooksville.	Santa Rosa.....	Milton.
Hillsborough.....	Courthouse, Tampa.	Seminole.....	Sanford.
Holmes.....	Bonifay.	Sumter.....	Bushnell.
Jackson.....	Marianna.	Suwannee.....	Live Oak.
Jefferson.....	Monticello.	Taylor.....	Perry.
Lafayette.....	Mayo.	Volusia.....	De Land.
Lake.....	Tavares.	Wakulla.....	Crawfordville.
Lee.....	Fort Myers.	Walton.....	DeFuniak Springs.
Leon.....	Tallahassee.	Washington.....	Vernon.

* The Local Boards for Flagler & Okeechobee Counties created May 27, 1912.

FLORIDA—Continued.

CITIES.

JACKSONVILLE.

Local Board for Division No. 1—Dyal-Upchurch Building.
 Local Board for Division No. 2, 120 West Bay Street.
 Local Board for Division No. 3)

TAMPA.

Local Board for Division No. 1—City Hall.
 Local Board for Division No. 2—1909 Nebraska Avenue.

GEORGIA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Appling.....	Baxley.	Grady.....	Cairo.
Bacon.....	Alma.	Greene.....	County Courthouse, Greens- boro.
Baker.....	Newton.	Gwinnett.....	Lawrenceville.
Baldwin.....	Milledgeville.	Habersham.....	Clarksville.
Banks.....	Homer.	Hall.....	Gainesville.
Barrow.....	Courthouse, Winder.	Hancock.....	Sparta.
Bartow.....	Cartersville.	Haralson.....	Buchanan.
Ben Hill.....	Fitzgerald.	Harris.....	Hamilton.
Berrien.....	Nashville.	Hart.....	Hartwell.
Bibb.....	22 Jacques Building, Macon.	Heard.....	Franklin.
Blackley.....	Cochran.	Henry.....	McDonough.
Brooks.....	Quitman.	Houston.....	Perry.
Bryan.....	Clyde.	Irwin.....	Ocella.
Bulloch.....	Statesboro.	Jackson.....	Jefferson.
Burke.....	Waynesboro.	Jasper.....	Monticello.
Butts.....	Jackson.	Jeff Davis.....	Haslehurst.
Calhoun.....	Morgan.	Jefferson.....	Louisville.
Camden.....	St. Mary's.	Jenkins.....	Millen.
Campbell.....	Fairburn.	Johnson.....	Wrightsville.
Candler.....	Metter.	Jones.....	Gray.
Carroll.....	Carrollton.	Laurens.....	Dublin.
Catoosa.....	Ringgold.	Lee.....	Leesburg.
Chariton.....	Folkston.	Liberty.....	Hinesville.
Chatham.....	312 Savannah Bank & Trust Building, Savannah.	Lincoln.....	Lincolnton.
Chattahoochee.....	Cusseta.	Lowndes.....	Valdosta.
Chattooga.....	Summersville.	Lumpkin.....	Dahlonega.
Cherokee.....	Canton.	McDuffie.....	Thompson.
Clarke.....	Athens.	Meintosh.....	Darien.
Clay.....	Fort Gaines.	Macon.....	Oglethorpe.
Clayton.....	Jonesboro.	Madison.....	Clerk's Office, Superior Court, Danielsville.
Clinch.....	Homerville.	Marion.....	Buena Vista.
Cobb.....	Marietta.	Marion.....	Greenville.
Coffee.....	Douglas.	Meriwether.....	Colquitt.
Colquitt.....	Moultrie.	Miller.....	Alpharetta.
Columbia.....	Appling.	Milton.....	Camilla.
Coweta.....	Newman.	Mitchell.....	Forsyth.
Crawford.....	Knoxville.	Monroe.....	Mount Vernon.
Crisp.....	Cordele.	Montgomery.....	Madison.
Dade.....	Trenton.	Morgan.....	Chatsworth.
Dawson.....	Dawsonville.	Murray.....	Columbus.
Decatur.....	Bainbridge.	Muscogee.....	Covington.
DeKalb.....	Decatur.	Newton.....	Watkinsville.
Dodge.....	Eastman.	Oconee.....	Lexington.
Dooly.....	Vienna.	Oglethorpe.....	Dallas.
Dougherty.....	Albany.	Paulding.....	Jasper.
Douglas.....	Douglasville.	Pickens.....	Blackshear.
Early.....	Blakely.	Pike.....	Zebulon.
Echols.....	Statenville.	Polk.....	Cedartown.
Effingham.....	Springfield.	Pulaski.....	Hawkinsville.
Elbert.....	Elberton.	Putnam.....	Eatonville.
Emanuel.....	Swainsboro.	Quitman.....	Georgetown.
Evans.....	Claxton.	Rabun.....	Clayton.
Fannin.....	Blue Ridge.	Randolph.....	Cuthbert.
Fayette.....	Fayetteville.	Richmond.....	122 Jackson Street, Augusta.
Floyd.....	Rome.	Rockdale.....	Conyers.
Forsyth.....	Cumming.	Schley.....	Ellaville.
Franklin.....	Carnesville.	Screven.....	Sylvania.
Fulton.....	Rome 401-405 Courthouse, Atlanta.	Spalding.....	Giffin.
Gilmer.....	Ellijay.	Stephens.....	Toocoo.
Glascock.....	Courthouse, Gibeon.	Stewart.....	Lumpkin.
Glynn.....	Brunswick.	Sumter.....	Americus.
Gordon.....	Calhoun.	Talbot.....	Talbotton.

GEORGIA—Continued.

COUNTIES—Continued.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Tallapoosa.....	Crawfordville.	Walker.....	La Fayette.
Tatnall.....	Reidsville.	Walton.....	Monroe.
Taylor.....	Butler.	Ware.....	Waycross.
Telfair.....	McRae.	Warren.....	Warrenton.
Terrell.....	Dawson.	Washington.....	Sandersville.
Thomas.....	Thomasville.	Wayne.....	Jesup.
Tift.....	Tifton.	Webster.....	Preston.
Toombs.....	Lyons.	Wheeler.....	Alamo.
Towns.....	Hiawassee.	White.....	Cleveland.
Troup.....	La Grange.	Whitfield.....	Dalton.
Turner.....	Ashburn.	Wilcox.....	Abbeville.
Twiggs.....	Jeffersonville.	Wilkes.....	Washington.
Union.....	Blairsville.	Wilkinson.....	Irwinton.
Upson.....	Thomaston.	Worth.....	Sylvester.

CITIES.

ATLANTA.

Local Board for Division No. 1, 63-65 Inman Building.
 Local Board for Division No. 2, 317 Central Building.
 Local Board for Division No. 3, 179½ Grant Street.
 Local Board for Division No. 4, Hurt Building.
 Local Board for Division No. 5, Tenth Floor, Flatiron Building.
 Local Board for Division No. 6, Gordon and Lee Streets.
 Local Board for Division No. 7, 599 Peachtree Street.

AUGUSTA.

Local Board for Division No. 1, 414 Leonard Building.
 Local Board for Division No. 2, 216 Leonard Building.

MACON.

Local Board for Division No. 1, 415 Georgia Casualty Building.
 Local Board for Division No. 2, 918 Georgia Casualty Building.

SAVANNAH.

Local Board for Division No. 1, 5 Whitaker Street.
 Local Board for Division No. 2, 49 Citizen's Trust Company Building.

IDAHO.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Ada.....	Boise.	Gooding.....	Gooding.
Adams.....	Council.	Idaho.....	Grangeville.
Bannock.....	Pocatello.	Jefferson.....	Rigby.
Bear Lake.....	Paris.	Kootenai.....	Coeur d'Alene.
Benewah.....	St. Maries.	Latah.....	Moscow.
Bingham.....	Blackfoot.	Lemhi.....	Salmon.
Blaine.....	Halley.	Lewis.....	Nes Perce.
Boise.....	Idaho City.	Lincoln.....	Shoshone.
Bonner.....	Sandpoint.	Madison.....	Rexburg.
Bonneville.....	Idaho Falls.	Minidoka.....	Rupert.
Boundary.....	Bonnets Ferry.	Nes Perce.....	Lewiston.
Butte.....	Arco.	Onida.....	Malad.
Camas.....	Fairfield.	Owyhee.....	Silver City.
Canyon.....	Caldwell.	Payette.....	Payette.
Cassia.....	Albion.	Power.....	American Falls.
Clearwater.....	Orofino.	Shoshone.....	Wallace.
Custer.....	Challis.	Teton.....	Driggs.
Elmore.....	Mountain Home.	Twin Falls.....	Twin Falls.
Franklin.....	Preston.	Valley.....	Cascade.
Fremont.....	St. Anthony.	Washington.....	Weiser.
Gem.....	Bonnett.		

CITY.

BOISE.

Local Board for the city of Boise, Boise, Idaho.

ILLINOIS.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Liberty.	La Salle No. 1.....	407 Central Life Building, Ottawa.
Alexander.....	Calro.	La Salle No. 2.....	City Hall, La Salle.
Bond.....	Greenville.	La Salle No. 3.....	Post Office Building, Streator.
Boone.....	421 South State Street, Belvi- dere.	Lawrence.....	Lawrenceville.
Brown.....	Mount Sterling.	Lee.....	Courthouse, Dixon.
Bureau No. 1.....	Princeton.	Livingston.....	Pontiac.
Bureau No. 2.....	City Hall, Spring Valley.	Logan.....	Lincoln.
Calhoun.....	Hamburg.	McDonough.....	Macomb.
Carroll.....	Savanna.	McHenry.....	Woodstock.
Cass.....	Beardstown.	McLean No. 1.....	Bloomington.
Champaign No. 1.....	115 West Main Street, Ur- bana.	McLean No. 2.....	Do.
Champaign No. 2.....	504 First National Bank Building, Champaign.	Macon.....	Oakley.
Christian.....	Taylorville.	Macoupin No. 1.....	Carlinville.
Clark.....	Marshall.	Macoupin No. 2.....	Staunton.
Clay.....	Flora.	Madison No. 1.....	Courthouse, Edwardsville.
Clinton.....	Carlyle.	Madison No. 2.....	Y. M. C. A., Alton.
Coles.....	Mattoon.	Madison No. 3.....	City Hall, Madison.
Cook No. 1.....	Des Plaines.	Marion.....	Courthouse, Salem.
Cook No. 2.....	City Hall, Evanston.	Marshall.....	Lacon.
Cook No. 3.....	Brown Building, Wilmette.	Mason.....	Havana.
Cook No. 4.....	Municipal Building, May- wood.	Massac.....	Temple Building, Metropolis.
Cook No. 5.....	Municipal Building, Oak Park.	Menard.....	Courthouse, Petersburg.
Cook No. 6.....	5601 West Twenty-second Street, Cicero.	Merced.....	Aledo.
Cook No. 7.....	City Hall, Blue Island.	Monroe.....	Waterloo.
Cook No. 8.....	City Hall, Harvey.	Montgomery.....	Hillsboro.
Cook No. 9.....	City Hall, Chicago Heights.	Morgan.....	200 Ayers Bank Building Jacksonville.
Crawford.....	Post Office, Robinson.	Moultrie.....	Sullivan.
Cumberland.....	Toledo.	Ogle.....	Oregon.
De Kalb.....	Sycamore.	Peoria.....	Courthouse, Peoria.
Dewitt.....	Clinton.	Perry.....	Pinckneyville.
Douglas.....	Tuscola.	Platt.....	Monticello.
Dupage.....	Wheaton.	Pike.....	Mansion House, Pittsfield.
Edgar.....	Paris.	Pope.....	Galeonda.
Edwards.....	Aldion.	Pulaski.....	Mound City.
Efingham.....	Efingham.	Putnam.....	Granville.
Fayette.....	Vandalia.	Randolph.....	Chester.
Ford.....	Paxton.	Richland.....	Courthouse, Olney.
Franklin.....	Benton.	Rock Island No. 1.....	400 People's National Bank Building, Rock Island.
Fulton No. 1.....	Lewiston.	Rock Island No. 2.....	Room 215, Sohrbeck Build- ing, Moline.
Fulton No. 2.....	Canton.	St. Clair No. 1.....	City Hall, Belleville.
Gallatin.....	Shawneetown.	St. Clair No. 2.....	Federal Building, Belleville.
Greene.....	Carrollton.	Saline.....	Odd Fellows Building, Har- risburg.
Grundy.....	Morris.	Sangamon.....	Illtopolis.
Hamilton.....	McLeansboro.	Schuyler.....	Rushville.
Hancock.....	Carthage.	Scott.....	Winchester.
Hardin.....	Elizabethtown.	Shelby.....	Shelbyville.
Henderson.....	Oquawka.	Stark.....	Toulon.
Henry.....	Cambridge.	Stephenson.....	Freeport.
Iroquois.....	Watseka.	Tazewell.....	Pekin.
Jackson.....	Murphysboro.	Union.....	Room 6, Anna National Bank Building, Anna.
Jasper.....	Newton.	Vermilion No. 1.....	Hoopeston.
Jederson.....	Mount Vernon.	Vermilion No. 2.....	Georgetown.
Jersey.....	Post Office Building, Jersey- ville.	Wabash.....	Mount Carmel.
Jo Daviess.....	Galena.	Warren.....	Monmouth.
Johnson.....	Vienna.	Washington.....	Nashville.
Kane No. 1.....	Room 43, Courthouse, Geneva.	Wayne.....	Fairfield.
Kane No. 2.....	Room 4, Opera House Block, Elgin.	White.....	Carmi.
Kankakee.....	Courthouse, Kankakee.	Whiteside.....	10 East Thrd Street, Sterling.
Kendall.....	Yorkville.	Will No. 1.....	Courthouse, Joliet.
Knox No. 1.....	161 South Cherry Street, Galesburg.	Will No. 2.....	Woodruff Building, Joliet.
Knox No. 2.....	Do.	Williamson No. 1.....	201 1/2 Public Square, Marion.
Lake No. 1.....	Libertyville.	Williamson No. 2.....	217 North Park Avenue, Herrin.
Lake No. 2.....	111 North Genessee Street, Waukegan.	Winnebago.....	Rockford.
		Woodford.....	Eureka.

ILLINOIS—Continued.

CITIES—Continued.

AURORA.

Local Board for the city of Aurora, City Hall, Aurora.

CHICAGO.

Local Board for Division No. 1, 1122 County Building.
 Local Board for Division No. 2, 2348 Michigan Avenue.
 Local Board for Division No. 3, 3103 Indiana Avenue.
 Local Board for Division No. 4, 3333 South State Street.
 Local Board for Division No. 5, Thirty-ninth Street and Prairie Avenue.
 Local Board for Division No. 6, 430 East Forty-third Street.
 Local Board for Division No. 7, 431 East Forty-third Street.
 Local Board for Division No. 8, 4301 Ellis Avenue.
 Local Board for Division No. 9, 2901 Wallace Street.
 Local Board for Division No. 10, 3205 South Morgan Street.
 Local Board for Division No. 11, 2040 West Thirty-fifth Street.
 Local Board for Division No. 12, 2500 West Thirty-eighth Street.
 Local Board for Division No. 13, 1510 Hyde Park Boulevard.
 Local Board for Division No. 14, 1510 Hyde Park Boulevard.
 Local Board for Division No. 15, Fifty-seventh Street and Cottage Grove Avenue.
 Local Board for Division No. 16, 6240 Kimbark Avenue.
 Local Board for Division No. 17, 1114 East Sixty-third Street.
 Local Board for Division No. 18, 6731 Stoney Island Avenue.
 Local Board for Division No. 19, 2924 East Seventy-ninth Street.
 Local Board for Division No. 20, Federal Building, South Chicago.
 Local Board for Division No. 21, Ninety-fifth Street and Cottage Grove Avenue.
 Local Board for Division No. 22, 200 East One hundred and fifteenth Street.
 Local Board for Division No. 23, 1545 West Twelfth Street.
 Local Board for Division No. 24, 1801 South Racine Avenue.
 Local Board for Division No. 25, 1808 South Ashland Avenue.
 Local Board for Division No. 26, 2334 South Oakley Avenue.
 Local Board for Division No. 27, 3517 West Twenty-sixth Street.
 Local Board for Division No. 28, 2750 West Twenty-second Street.
 Local Board for Division No. 29, 218 South Western Avenue.
 Local Board for Division No. 30, Y. M. C. A., 3210 Arthington Street.
 Local Board for Division No. 31, 3340 Colorado Avenue.
 Local Board for Division No. 32, 1601 West Grand Avenue.
 Local Board for Division No. 33, 3233 Fulton Street.
 Local Board for Division No. 34, 1432 North Leavitt Street.
 Local Board for Division No. 35, 916 North Paulina Street.
 Local Board for Division No. 36, 1814 North Hermitage Avenue.
 Local Board for Division No. 37, Pulaski Park, Blackhawk and Noble Streets.
 Local Board for Division No. 38, 1329 West Augusta Street.
 Local Board for Division No. 39, 949 West Grand Avenue.
 Local Board for Division No. 40, 238 Aberdeen Street.
 Local Board for Division No. 41, Marquette School, 546-548 South Wood Street.
 Local Board for Division No. 42, 600 Blue Island Avenue.
 Local Board for Division No. 43, Andrew Jackson School, 820 South Sholto Street.
 Local Board for Division No. 44, Fourteenth Place and Union Avenue.
 Local Board for Division No. 45, 2000 Canalport Avenue.
 Local Board for Division No. 46, Newberry Library, Walton Place.
 Local Board for Division No. 47, 400 East Chicago Avenue.
 Local Board for Division No. 48, 659 West North Avenue.
 Local Board for Division No. 49, 1544 Larabee Street.
 Local Board for Division No. 50, 1730 Tribune Building.
 Local Board for Division No. 51, Lincoln School, Kemper Place and Larabee Street.
 Local Board for Division No. 52, 3035 North Hoyne Avenue.
 Local Board for Division No. 53, 1290 Belden Avenue.
 Local Board for Division No. 54, 4078 Broadway.
 Local Board for Division No. 55, 4500 Clarendon Avenue.
 Local Board for Division No. 56, 5900 Winthrop Avenue.
 Local Board for Division No. 57, 7075 North Clark Street.
 Local Board for Division No. 58, 4142 Greenview Avenue.
 Local Board for Division No. 59, 1757 Wilson Avenue.
 Local Board for Division No. 60, 1950 Lawrence Avenue.
 Local Board for Division No. 61, 3806 Lawrence Avenue.
 Local Board for Division No. 62, 3945 North Springfield Avenue.
 Local Board for Division No. 63, Carl Schurz High School, Room 202 Addison and Milwaukee Avenues.
 Local Board for Division No. 64, 3350 Diversey Avenue.
 Local Board for Division No. 65, Holstein Park Field House, corner Oakley Avenue and Ems Street.
 Local Board for Division No. 66, 2318 North California Avenue.
 Local Board for Division No. 67, Cornell Square Park Field House, Fifty-first and Wood Streets.
 Local Board for Division No. 68, 6311 South St. Louis Avenue.
 Local Board for Division No. 69, 724 West Forty-seventh Street.
 Local Board for Division No. 70, Fuller Park Field House, Forty-fifth Street and Princeton Avenue.
 Local Board for Division No. 71, 6238 Princeton Avenue.
 Local Board for Division No. 72, 5507 South Halsted Street.
 Local Board for Division No. 73, 1646 West Sixty-third Street.
 Local Board for Division No. 74, 6321 Harvard Avenue.
 Local Board for Division No. 75, 6720 Wentworth Avenue.
 Local Board for Division No. 76, 7621 South Perry Avenue.
 Local Board for Division No. 77, Ridge Field House, Ninety-seventh Street and Longwood Drive.

ILLINOIS—Continued

CITIES.

Local Board for Division No. 73, 2532 Milwaukee Avenue.
 Local Board for Division No. 79, 816 North Laramie Avenue.
 Local Board for Division No. 80, 5610 West Lake Street.
 Local Board for Division No. 81, 1433 South Ridgeway Avenue.
 Local Board for Division No. 82, 3844 Ogden Avenue.
 Local Board for Division No. 83, 2601 South Ridgeway Avenue.
 Local Board for Division No. 84, Humboldt Park Refectory.
 Local Board for Division No. 85, 4359 Washington Boulevard.
 Local Board for Division No. 86, 227 South Cicero Avenue.

DANVILLE.

Local Board for the city of Danville, 303-304 Federal Building, Danville.

DECATUR.

Local Board for the city of Decatur, Courthouse, Decatur.

EAST ST. LOUIS.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, Public Library Building.
 Local Board for Division No. 3, Elks' Building.

JOLIET.

Local Board for the City of Joliet, 206 Woodruff Building, Joliet

PEORIA.

Local Board for Division No. 1, 312 Government Building.
 Local Board for Division No. 2, 314 Government Building.

QUINCY.

Local Board for the City of Quincy, Post Office Building, Quincy.

ROCKFORD.

Local Board for Division No. 1, Courthouse.
 Local Board for Division No. 2, City Hall.

SPRINGFIELD.

Local Board for Division No. 1, 504 Booth Building.
 Local Board for Division No. 2, Room 17, Illinois National Bank Building.

INDIANA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Decatur.	Fulton.....	Rochester.
Allen.....	Grand Jury Room, Court- house, Fort Wayne.	Gibson.....	Princeton.
Bartholomew.....	Columbus.	Grant No. 1.....	Marion.
Benton.....	Fowler.	Grant No. 2.....	Upland.
Blackford.....	Hartford City.	Greene.....	Bloomfield.
Boone.....	Lebanon.	Hamilton.....	Noblesville.
Brown.....	Nashville.	Hancock.....	Greenfield.
Carroll.....	Delphi.	Harrison.....	Corydon.
Cass.....	Logansport.	Hendricks.....	Danville.
Clark.....	306 Spring Street, Jefferson- ville.	Henry.....	New Castle.
Clay.....	Brazil.	Howard.....	Kokomo.
Clinton.....	Frankfort.	Huntington.....	Huntington.
Crawford.....	English.	Jackson.....	Brownstown.
Daviess.....	Washington.	Jasper.....	Rensselaer.
Dearborn.....	Lawrenceburg.	Jay.....	Portland.
Decatur.....	Greensburg.	Jefferson.....	Madison.
DeKalb.....	Auburn.	Jennings.....	North Vernon.
Delaware No. 1.....	407 W. Wyser Building, Muncie.	Johnson.....	Franklin.
Delaware No. 2.....	Muncie.	Knox.....	Vincennes.
Dubois.....	Jasper.	Kosciusko.....	Warsaw.
Elkhart No. 1.....	Coshua.	Lagrange.....	Whiting.
Elkhart No. 2.....	Elkhart.	Lake No. 1.....	Hammond.
Fayette.....	Connersville.	Lake No. 2.....	Crown Point.
Floyd.....	New Albany.	Lake No. 3.....	Michigan City.
Fountain.....	Covington.	La Porte No. 1.....	La Porte.
Franklin.....	Brookville.	La Porte No. 2.....	Bedford.
		Lawrence.....	Anderson.
		Madison No. 1.....	

INDIANA—Continued.

COUNTIES—Continued.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Madison No. 2.....	Elwood.	Scott.....	Scottsburg.
Marion.....	1022 Hume-Mansur, Indian- apolis.	Shelby.....	Shelbyville.
Marshall.....	Plymouth.	Spencer.....	Rockport.
Martin.....	Shoals.	Starks.....	Knox.
Miami.....	Peru.	Steuben.....	Angola.
Monroe.....	Bloomington.	St. Joseph.....	South Bend.
Montgomery.....	Crawfordsville.	Sullivan.....	Sullivan.
Morgan.....	Martinsville.	Switzerland.....	Vevay.
Newton.....	Kentland.	Tippacanoe.....	Lafayette.
Noble.....	Kendallville.	Tipton.....	Tipton.
Ohio.....	Rising Sun.	Union.....	Liberty.
Orange.....	Paoli.	Vanderburgh.....	Evansville.
Owen.....	Spencer.	Vermillion.....	Newport.
Parke.....	Rockville.	Yigo.....	Room 16 Post Office Build- ing, Terre Haute.
Perry.....	Cannelton.	Wabash.....	Wabash.
Pike.....	Winslow.	Warren.....	Williamsport.
Porter.....	Valparaiso.	Warrick.....	Boonville.
Posey.....	Mount Vernon.	Washington.....	Salem.
Pulaski.....	Winamac.	Wayne No. 1.....	Richmond.
Putnam.....	Greencastle.	Wayne No. 2.....	Cambridge City.
Randolph.....	Winchester.	Wells.....	Bluffton.
Ripley.....	Versailles.	White.....	Monticello.
Rush.....	Rushville.	Whitley.....	Columbia City.

CITIES.

EAST CHICAGO.

Local Board for the city of East Chicago, City Hall, East Chicago.

EVANSVILLE.

Local Board for Division No. 1, 424 South Third Street.

Local Board for Division No. 2, 203 Ewing Avenue.

Local Board for Division No. 3, Room 10, Fourth Floor, Courthouse.

FORT WAYNE.

Local Board for Division No. 1, Post Office Building.

Local Board for Division No. 2, 11 Swinney Block.

Local Board for Division No. 3, 1615 South Cathoun Street.

GARY.

Local Board for Division No. 1, Room 6, Federal Building.

Local Board for Division No. 2, 112 Broadway.

Local Board for Division No. 3, 515 Broadway.

INDIANAPOLIS.

Local Board for Division No. 1, 2204 East Tenth Street.

Local Board for Division No. 2, 905 City Trust Building.

Local Board for Division No. 3, 717 Law Building.

Local Board for Division No. 4, 421 Fletcher American National Bank Building.

Local Board for Division No. 5, 1340 Lemcke Annex.

Local Board for Division No. 6, Washington and Rural Streets.

Local Board for Division No. 7, 1024 Hume-Mansur Building.

Local Board for Division No. 8, 817 High Street.

Local Board for Division No. 9, 830 State Life Building.

Local Board for Division No. 10, 2610 West Michigan Street.

SOUTH BEND.

Local Board for Division No. 1, Room 261, Farmer's Trust Building.

Local Board for Division No. 2, South Bend.

TERRE HAUTE.

Local Board for Division No. 1, 116 South Sixth Street.

Local Board for Division No. 2, Seventh and Cherry, 302-303 Grand Opera House Block.

IOWA. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adair.....	Greenfield.	Jefferson.....	Fairfield.
Adams.....	Corning.	Johnson.....	Iowa City.
Allamakee.....	Waukon.	Jones.....	Anamosa.
Appanoose.....	Centerville.	Keokuk.....	Sigourney.
Audubon.....	Audubon.	Kossuth.....	Algona.
Benton.....	Vinton.	Lee.....	Keokuk.
Blackhawk.....	Cedar Rapids.	Linn.....	Marion.
Boone.....	Boone.	Louis.....	Wapello.
Bremer.....	Waverly.	Lucas.....	Chariton.
Buchanan.....	Independence.	Lyon.....	Rock Rapids.
Buena Vista.....	Storm Lake.	Madison.....	Winterset.
Butler.....	Allison.	Mahaska.....	Oskaloosa.
Calhoun.....	Rockwell City.	Marion.....	Knoxville.
Carroll.....	Carroll.	Marshall.....	Marshalltown.
Cass.....	Atlantic.	Mills.....	Glenwood.
Cedar.....	Tipton.	Mitchell.....	Osage.
Cerro Gordo.....	Mason City.	Monona.....	Onawa.
Cherokee.....	Cherokee.	Monroe.....	Albia.
Chickasaw.....	New Hampton.	Montgomery.....	Red Oak.
Clarke.....	Osceola.	Muscatine.....	Muscatine.
Clay.....	Spencer.	O'Brien.....	Fringhar.
Clayton.....	Elkader.	Osceola.....	Sibley.
Clinton No. 1.....	208 Wilson Building, Clinton.	Page.....	Clarinda.
Clinton No. 2.....	De Witt.	Palo Alto.....	Emmetsburg.
Crawford.....	Denison.	Plymouth.....	Le Mars.
Dallas.....	Adel.	Pocahontas.....	Pocahontas.
Davis.....	Bloomfield.	Polk.....	Room 7, courthouse, Des Moines.
Decatur.....	Leon.	Pottawattamie.....	Avoca.
Delaware.....	Manchester.	Poweshiek.....	Montezuma.
Des Moines.....	Burlington.	Ringgold.....	Mount Ayr.
Dickinson.....	Spirit Lake.	Sac.....	Sac City.
Dubuque.....	Epworth.	Scott.....	Courthouse, Davenport.
Emmet.....	Estherville.	Shelby.....	Harlan.
Fayette.....	West Union.	Sioux.....	Orange City.
Floyd.....	Charles City.	Story.....	Nevada.
Franklin.....	Hampton.	Tama.....	Toledo.
Fremont.....	Sidney.	Taylor.....	Bedford.
Greene.....	Jefferson.	Union.....	Creston.
Grundy.....	Grundy Center.	Van Buren.....	Keosauqua.
Guthrie.....	Guthrie Center.	Wapello.....	Ottumwa.
Hamilton.....	Webster City.	Warren.....	Indianola.
Hancock.....	Garner.	Washington.....	Washington.
Hardin.....	Eldora.	Wayne.....	Corydon.
Harrison.....	Logan.	Webster.....	Fort Dodge.
Henry.....	Mount Pleasant.	Winnebago.....	Forest City.
Howard.....	Creco.	Winneshek.....	Decorah.
Humboldt.....	Dakota City.	Woodbury.....	Motor Mart Building, Sioux City.
Ida.....	Ida Grove.	Worth.....	Northwood.
Iowa.....	Marengo.	Wright.....	Clarion.
Jackson.....	Maquoketa.		
Jasper.....	Newton.		

CITIES.

CEDAR RAPIDS.

Local Board for the city of Cedar Rapids, Cedar Rapids.

COUNCIL BLUFFS.

Local Board for the city of Council Bluffs, Council Bluffs.

DAVENPORT.

Local Board for Division No. 1, 56 Davenport Savings Bank Building.

Local Board for Division No. 2, 608 Putnam Building.

DES MOINES.

Local Board for Division No. 1, Courthouse.

Local Board for Division No. 2, 507 Euclid Avenue.

Local Board for Division No. 3, City Hall.

Local Board for Division No. 4, Phillips School.

DUBUQUE.

Local Board for the city of Dubuque, Dubuque.

SIOUX CITY.

Local Board for Division No. 1, Sioux City.

Local Board for Division No. 2, Sioux City.

WATERLOO.

Local Board for the city of Waterloo, Black Building, Waterloo.

KANSAS.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Allen.....	Iola.	Linn.....	Mound City.
Anderson.....	Garnett.	Logan.....	Russell Springs.
Atchison.....	Atchison.	Lyon.....	Emporia.
Barber.....	Medicine Lodge.	McPherson.....	McPherson.
Barton.....	Great Bend.	Marion.....	Marion.
Bourbon.....	Fort Scott.	Marshall.....	Marysville.
Brown.....	Hiawatha.	Meade.....	Meade.
Butler.....	Eldorado.	Miami.....	Paolo.
Chase.....	Cottonwood Falls.	Mitchell.....	Beloit.
Chautauqua.....	Sedan.	Montgomery No. 1.....	Independence.
Cherokee.....	Columbus.	Montgomery No. 2.....	Cherryvale.
Cheyenne.....	St. Francis.	Morris.....	Council Grove.
Clark.....	Ashland.	Morton.....	Elkhart.
Clay.....	Clay Center.	Nemaha.....	Seneca.
Cloud.....	Concordia.	Neosho.....	Erie.
Coffey.....	Burlington.	Ness.....	Ness City.
Comanche.....	Coldwater.	Norton.....	Norton.
Cowley.....	Winfield.	Osage.....	Lyndon.
Crawford No. 1.....	Girard.	Osborne.....	Osborne.
Crawford No. 2.....	Pittsburg.	Ottawa.....	Minneapolis.
Decatur.....	Oberlin.	Pawnee.....	Larned.
Dickinson.....	Abilene.	Phillips.....	Phillipsburg.
Doniphan.....	Troy.	Pottawatomie.....	Westmoreland.
Douglas.....	Lawrence.	Pratt.....	Pratt.
Edwards.....	Kinsley.	Rawlins.....	Atwood.
Elk.....	Howard.	Reno.....	Hutchinson.
Ellis.....	Hays.	Republic.....	Belleville.
Ellsworth.....	Ellsworth.	Rice.....	Lyons.
Finney.....	Garden City.	Riley.....	Manhattan.
Ford.....	Dodge City.	Rooks.....	Stockton.
Franklin.....	Ottawa.	Rush.....	La Crosse.
Geary.....	Junction City.	Russell.....	Russell.
Gove.....	Gove.	Salina.....	Salina.
Graham.....	Hill City.	Scott.....	Scott City.
Grant.....	New Ulysses.	Sedgwick.....	Courthouse, Wichita.
Gray.....	Cimarron.	Seward.....	Liberal.
Greeley.....	Tribune.	Shawnee.....	Courthouse, Topeka.
Greenwood.....	Eureka.	Sheridan.....	Hoxie.
Hamilton.....	Syracuse.	Sherman.....	Goodland.
Harper.....	Anthony.	Smith.....	Smith Center.
Harvey.....	Newton.	Stafford.....	St. John.
Haskell.....	Santa Fe.	Stanton.....	Johnson.
Hodgeman.....	Jetmore.	Stevens.....	Hugoton.
Jackson.....	Holton.	Sumner.....	Wellington.
Jefferson.....	Oskaloosa.	Thomas.....	Colby.
Jewell.....	Mankato.	Trego.....	Wakeney.
Johnson.....	Olathe.	Wabaunsee.....	Alma.
Kearny.....	Lakin.	Wallace.....	Sharon Springs.
Kingman.....	Kingman.	Washington.....	Washington.
Kiowa.....	Greensburg.	Wichita.....	Leoti.
Labette.....	Oswego.	Wilson.....	Fredonia.
Lane.....	Dighton.	Woodson.....	Yates Center.
Leavenworth.....	Leavenworth.	Wyandotte.....	Edwardsville.
Lincoln.....	Lincoln.		

CITIES.

KANSAS CITY.

Local Board for Division No. 1
 Local Board for Division No. 2
 Local Board for Division No. 3
 Local Board for Division No. 4

City Hall.

TOPEKA.

Local Board for Division No. 1
 Local Board for Division No. 2

City Hall.

WICHITA.

Local Board for Division No. 1, Suite 1001, Schweiter Building.
 Local Board for Division No. 2, City Hall.

KENTUCKY. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address. 7
Adair.....	Columbia.	Knox.....	Barbourville.
Allen.....	Scottsville.	Larue.....	Hodgenville.
Anderson.....	Lawrenceburg.	Laurel.....	London.
Ballard.....	Wickliffe.	Lawrence.....	Louisa.
Barren.....	Glasgow.	Lee.....	Beattyville.
Bath.....	Owingsville.	Leslie.....	Hyden.
Bell.....	Middlesboro.	Letcher.....	Whitesburg.
Boone.....	Burlington.	Lewis.....	Vanceburg.
Bourbon.....	Paris.	Lincoln.....	Stanford.
Boyd.....	Catlettsburg.	Livingston.....	Smithland.
Boyle.....	Danville.	Logan.....	Russellville.
Bracken.....	Brooksville.	Lyon.....	Eddyville.
Breathitt.....	Jackson.	McCracken.....	Paducah.
Breckenridge.....	Hardinsburg.	McCreary.....	Stearns.
Bullitt.....	Shepherdsville.	McLean.....	Calhoun.
Butler.....	Morgantown.	Madison.....	Richmond.
Caldwell.....	Princeton.	Magoffin.....	Salyersville.
Calloway.....	Murray.	Marion.....	Lebanon.
Campbell.....	City Hall, Fort Thomas.	Marshall.....	Benton.
Carlisle.....	Bardwell.	Martin.....	Inez.
Carroll.....	Carrollton.	Mason.....	Maysville.
Carter.....	Grayson.	Meade.....	Brandenburg.
Casey.....	Liberty.	Menifee.....	Frenchburg.
Christian.....	Hopkinsville.	Mercer.....	Harrodsburg.
Clark.....	404 McElowney Building, Winchester.	Metcalfe.....	Edmonton.
Clay.....	Manchester.	Monroe.....	Tompkinsville.
Clinton.....	Albany.	Montgomery.....	Mount Sterling.
Crittenden.....	Marion.	Morgan.....	Clerk's Office, West Liberty.
Cumberland.....	Burksville.	Muhlenberg.....	Greenville.
Daviess.....	Owensboro.	Nelson.....	Bardstown.
Edmonson.....	Brownsville.	Nicholas.....	Carlisle.
Elliott.....	Sandy Hook.	Ohio.....	Hartford.
Estell.....	Irvine.	Oldham.....	La Grange.
Fayette.....	Lexington.	Owen.....	Owenton.
Fleming.....	Flemingsburg.	Owaley.....	Booneville.
Floyd.....	Prestonsburg.	Pendleton.....	Falmouth.
Franklin.....	Frankfort.	Perry.....	Hazard.
Fulton.....	Hickman.	Pike.....	Pikeville.
Gallatin.....	Warsaw.	Powell.....	Stanton.
Garrard.....	Lancaster.	Pulaski.....	Somersett.
Grant.....	Williamstown.	Robertson.....	Mount Olivet.
Graves.....	Mayfield.	Rockcastle.....	Mount Vernon.
Grayson.....	Leitchfield.	Rowan.....	Morehead.
Green.....	Greensburg.	Russell.....	Jamestown.
Greenup.....	Hawesville.	Scott.....	Georgetown.
Hancock.....	Elizabethtown.	Shelby.....	Shelbyville.
Hardin.....	Harlan.	Simpson.....	Franklin.
Harlan.....	Cynthiana.	Spencer.....	Taylorsville.
Harrison.....	Munfordsville.	Taylor.....	Campbell.
Hart.....	Henderson.	Todd.....	Elkton.
Henderson.....	Newcastle.	Trigg.....	Cadiz.
Henry.....	Clinton.	Trimble.....	Bedford.
Hickman.....	Madisonville.	Union.....	Morganfield.
Hopkins.....	McKee.	Warren.....	Bowling Green.
Jackson.....	Louisville.	Washington.....	Springfield.
Jefferson.....	Nicholasville.	Wayne.....	Monticello.
Jessamine.....	Paintsville.	Webster.....	Dixon.
Johnson.....	Covington.	Whitley.....	Williamsburg.
Kenton.....	Hindman.	Wolfe.....	Campton.
Knott.....		Woodford.....	Versailles.

CITIES.

COVINGTON.

Local Board for Division No. 1, City Building.
Local Board for Division No. 2, City Building.

LEXINGTON.

Local Board for the city of Lexington, Third Floor, Courthouse, Lexington.

LOUISVILLE.

Local Board for Division No. 1, 515 Louisville Trust Building.
Local Board for Division No. 2, 501-502 Inter-Southern Building, Louisville.
Local Board for Division No. 3, 111 West Chestnut Street.
Local Board for Division No. 4, Masonic Temple Building.
Local Board for Division No. 5, Louisville Trust Building.
Local Board for Division No. 6, 1221 West Market Street.

NEWPORT.

Local Board for the city of Newport, Room 21, Courthouse, Newport.

LOUISIANA. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Acadia.....	Crowley.	Madison.....	Tallulah.
Allen.....	Oberlin.	Morehouse.....	Bastrop.
Ascension.....	Donaldsonville.	Natchitoches.....	Natchitoches.
Assumption.....	Napoleonville.	Ouachita.....	Monroe.
Avoyelles.....	Marksville.	Plaquemines.....	Courthouse, Pointe a la
Beauregard.....	De Ridder.		Hache.
Blenville.....	Arcadia.	Pointe Coupee.....	New Roads.
Bossier.....	Benton.	Rapides No. 1.....	Alexandria.
Caddo.....	806 City National Bank Building, Shreveport.	Rapides No. 2.....	Do.
Calcasieu.....	Lake Charles.	Red River.....	Coushatta.
Caldwell.....	Columbia.	Richland.....	Rayville.
Cameron.....	Cameron.	Sabine.....	Many.
Catahoula.....	Harrisonburg.	St. Bernard.....	St. Bernard.
Claiborne.....	Homer.	St. Charles.....	Hahnville.
Concordia.....	Vidalia.	St. Helena.....	Greensburg.
De Soto.....	Mansfield.	St. James.....	Courthouse, Convent.
East Baton Rouge..	U. S. Courtroom, Post Office Building, Baton Rouge.	St. John the Baptist.	Edgard.
	Lake Providence.	St. Landry*.....	Opelousas.
East Carroll.....	Clinton.	St. Martin.....	St. Martinsville.
East Feliciana.....	Ville Platte.	St. Mary.....	Franklin.
Evangeline.....	Winnboro.	St. Tammany.....	Covington.
Franklin.....	Colfax.	Tangipahoa.....	Courthouse, Amite.
Grant.....	New Iberia.	Tensas.....	St. Joseph.
Iberia.....	Plaquemine.	Terrebonne.....	Houma.
Iberville.....	Jonesboro.	Union.....	Farmerville.
Jackson.....	Gretna.	Vermillion.....	Abbeville.
Jefferson.....	Courthouse, Jennings.	Vernon.....	Leesville.
Jefferson Davis.....	Jena.	Washington.....	Franklinton.
La Salle.....	Lafayette.	Webster.....	Minden.
Lafayette.....	Thibodaux.	West Baton Rouge..	Port Allen.
Lafourche.....	Ruston.	West Carroll.....	Oak Grove.
Lincoln.....	Springville.	West Feliciana.....	St. Francisville.
Livingston.....		Winn.....	Winnfield.

*Formerly divided into Local Boards Nos. 1 and 2, St. Landry Parish; boards consolidated June 21, 1918.

CITIES.

NEW ORLEANS.

Local Board for Division No. 1, 1904 Erato Street.
Local Board for Division No. 2, 704 Canal Bank Building.
Local Board for Division No. 3, 1551 Canal Street.
Local Board for Division No. 4, 2101 Dumaine Street.
Local Board for Division No. 5, 2529 Barracks Street.
Local Board for Division No. 6, Rampart and Esplanade.
Local Board for Division No. 7, 2501 Urquhart Street.
Local Board for Division No. 8, 1900 Jackson Avenue.
Local Board for Division No. 9, 901 Hibernia Bank.
Local Board for Division No. 10, 2013 Louisiana Avenue.
Local Board for Division No. 11, Napoleon Avenue and Prytania Street.
Local Board for Division No. 12, Gibson Hall.

SHREVEPORT.

Local Board for the city of Shreveport, City Hall, Shreveport.

MAINE. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Androscoggin No. 1..	City Building, Lewiston.	Lincoln.....	Wiscasset.
Androscoggin No. 2..	Auburn.	Oxford.....	South Paris.
Aroostock No. 1.....	Houlton.	Penobscot No. 1.....	Federal Building, Old Town.
Aroostock No. 2.....	Fort Fairfield.	Penobscot No. 2.....	Bangor.
Cumberland No. 1....	Yarmouthville.	Plscaquaquis.....	Dover.
Cumberland No. 2....	847 Main Street, Westbrook.	Sagadahoc.....	Bath.
Franklin.....	Farmington.	Somerset.....	Skowhegan.
Hancock.....	Ellsworth.	Waldo.....	Courthouse, Belfast.
Kennebec No. 1.....	Federal Building, Augusta.	Washington.....	Calais.
Kennebec No. 2.....	74 Main Street, Waterville.	York No. 1.....	City Building, Saco.
Knox.....	Rockland.	York No. 2.....	Town Hall, Kennebunk.

CITIES.

PORTLAND.

Local Board for Division No. 1, County Courthouse, Probate Court.
Local Board for Division No. 2, Cumberland County Courthouse.

MARYLAND.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Allegany No. 1.....	Cumberland.	Garrett.....	Care of E. Z. Tower, Oakland
Allegany No. 2.....	Frostburg.	Harford.....	Armory, Bel Air.
Anne Arundel.....	Annapolis.	Howard.....	Ellicott City.
Baltimore No. 1.....	Lutherville.	Kent.....	Courthouse, Chestertown.
Baltimore No. 2.....	Masonic Temple Building, Catonsville.	Montgomery.....	Rockville.
Baltimore No. 3.....	Canton Police Station, Spar- rows Point.	Prince Georges.....	Courthouse, Upper Marl- boro.
Baltimore No. 4.....	Courthouse, Towson.	Queen Annes.....	Courthouse, Centerville.
Calvert.....	Prince Frederick.	St. Marys.....	Leonardtown.
Caroline.....	Courthouse, Denton.	Somerset.....	Princess Anne.
Carroll.....	Westminster.	Talbot.....	Easton.
Cecil.....	Courthouse, Elkton.	Washington No. 1...	First National Bank Build- ing, Hagerstown.
Charles.....	Courthouse, La Plata.	Washington No. 2...	1214 Negley Building, Ha- gerstown.
Dorchester.....	Cambridge.	Wicomico.....	Salisbury.
Frederick No. 1.....	29 Market Street, Frederick.	Worcester.....	Snow Hill.
Frederick No. 2.....	Frederick.		

CITIES.

BALTIMORE.

Local Board for Division No. 1, Public School, Linwood and Eastern Avenues.
 Local Board for Division No. 2, 1704 East Lombard Street.
 Local Board for Division No. 3, 22 South Broadway.
 Local Board for Division No. 4, 733 West Baltimore Street.
 Local Board for Division No. 5, School 40, Orleans and Aisquith Streets.
 Local Board for Division No. 6, 2220 East Fairmount Avenue.
 Local Board for Division No. 7, 2125 East Monument Street.
 Local Board for Division No. 8, Eastern High School, Broadway and North Avenue.
 Local Board for Division No. 9, 724 East North Avenue.
 Local Board for Division No. 10, 1312 East Eager Street.
 Local Board for Division No. 11, Northwest corner Park Avenue and Hoffman Street.
 Local Board for Division No. 12, Northwest corner Charles and Twentieth Streets.
 Local Board for Division No. 13, School 61, Linien Avenue and Konig Street.
 Local Board for Division No. 14, 332 McMechen Street.
 Local Board for Division No. 15, Public School 64, Garrison and Maine Avenues.
 Local Board for Division No. 16, Lafayette and Carrollton Avenues.
 Local Board for Division No. 17, 1045 Myrtle Avenue.
 Local Board for Division No. 18, 1031 West Mulberry Street.
 Local Board for Division No. 19, Y. M. C. A. Building, corner Baltimore and Carey Streets.
 Local Board for Division No. 20, Public School No. 20, Mulberry and Payson Streets.
 Local Board for Division No. 21, Public School No. 22, Scott and Hamburg Streets.
 Local Board for Division No. 22, Public School No. 4, Hanover and Lee Streets.
 Local Board for Division No. 23, School No. 70, Warren Avenue and William Street.
 Local Board for Division No. 24, 121 East Fort Avenue.

MASSACHUSETTS.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Division (State) headquarters:		Division (State) headquarters:	
No. 1.....	City Hall, North Adams.	Continued.	
No. 2.....	Fourth District Court Rooms, Adams.	No. 22.....	100 Main Street, Gloucester.
No. 3.....	Courthouse, Lee.	No. 23.....	City Hall, Beverly.
No. 4.....	Courthouse, Greenfield.	No. 24.....	Town Hall, Swampscott.
No. 5.....	Memorial Hall Building, Northampton.	No. 25.....	126 Winthrop St., Winthrop.
No. 6.....	22 Elm Street, Westfield.	No. 26.....	City Hall, Peabody.
No. 7.....	Town Hall, Main Street, South Hadley Falls.	No. 27.....	Selectmen's Office, Central Square, Stoneham.
No. 8.....	37 South Pleasant Street, Amherst.	No. 28.....	City Hall, Melrose.
No. 9.....	Town Hall, Ware.	No. 29.....	Old Courthouse, Woburn.
No. 10.....	92 Main Street, Southbridge.	No. 30.....	Town Hall, Arlington.
No. 11.....	District Court Rooms, East Brookfield.	No. 31.....	18 Tremont Street, Boston.
No. 12.....	64 Exchange Street, Athol.	No. 32.....	1 Mason Building, Framing- ham.
No. 13.....	Town Hall, Gardner.	No. 33.....	Town Hall, Needham.
No. 14.....	12 Main Street, Leominster.	No. 34.....	Selectmen's Office, Norwood.
No. 15.....	Town Hall, Ayer.	No. 35.....	Memorial Hall, 807 Washing- ton Street, Canton.
No. 16.....	City Hall, Marlboro.	No. 36.....	Town Hall, South Braintree.
No. 17.....	Town Hall, Uxbridge.	No. 37.....	323 Union Street, Rookland.
No. 18.....	204 Main Street, Milford.	No. 38.....	27 Bedford Street, East Bridgewater.
No. 19.....	Town Hall, Tewksbury.	No. 39.....	Town House, Plymouth.
No. 20.....	Juvenile Court Room, 4 Green Street, Newbury- port.	No. 40.....	Courthouse, Attleboro.
No. 21.....	32 West Main Street, George- town.	No. 41.....	Town Hall, Mansfield.
		No. 42.....	Town Hall, Fairhaven.
		No. 43.....	County Courthouse, Barn- stable.

CITIES.

BOSTON.

Local Board for Division No. 1, Library Building, Meridian Street, East Boston.
 Local Board for Division No. 2, East Boston District Courthouse.
 Local Board for Division No. 3, Charlestown Trust Co. Building, City Square, Charlestown.
 Local Board for Division No. 4, Aldermanic Chamber, City Hall.
 Local Board for Division No. 5, Room 727, 40 Court Street.
 Local Board for Division No. 6, John J. Williams' School, Groton Street.
 Local Board for Division No. 7, 177 Huntington Avenue.
 Local Board for Division No. 8, 1 Beacon Street, Eighth Floor.
 Local Board for Division No. 9, Municipal Building, East Broadway, South Boston.
 Local Board for Division No. 10, Talbot Building, 395 Broadway, South Boston.
 Local Board for Division No. 11, 160 East Cottage Street, Edward Everett Square.
 Local Board for Division No. 12, Municipal Building, Dudley Street, Roxbury.
 Local Board for Division No. 13, Roxbury Courthouse, Roxbury.
 Local Board for Division No. 14, Mission Church School, St. Alphonsus Street, Roxbury.
 Local Board for Division No. 15, 1534 Columbus Avenue, Boston.
 Local Board for Division No. 16, 532 Warren Street, Grove Hall.
 Local Board for Division No. 17, 534 Columbia Road, Dorchester.
 Local Board for Division No. 18, Courthouse, Arcadia Street, Dorchester.
 Local Board for Division No. 19, Norfolk Hall, 328 Washington Street, Dorchester.
 Local Board for Division No. 20, 164 Ashmont Street, Peabody Square, Boston.
 Local Board for Division No. 21, Lithgow Building, Codman Square, Dorchester.
 Local Board for Division No. 22, Curtis Hall, Centre Street, Jamaica Plain.
 Local Board for Division No. 23, West Roxbury Branch Library, 1961 Center Street, West Roxbury.
 Local Board for Division No. 24, Hyde Park Trust Co. Building, Hyde Park.
 Local Board for Division No. 25, Brighton District Court, Brighton.

BROCKTON.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, City Hall.

BROOKLINE.

Local Board for the city of Brookline, Town Hall, Brookline.

CAMBRIDGE.

Local Board for Division No. 1, 381 Cambridge Street, Cambridge.
 Local Board for Division No. 2, Municipal Building, Central Square.
 Local Board for Division No. 3, City Hall.
 Local Board for Division No. 4, City Building, Brattle Square.

MASSACHUSETTS—Continued.**CITIES—Continued.****CHELSEA.**

Local Board for Division No. 1, Courthouse.
Local Board for Division No. 2, City Hall.

CHICOPEE.

Local Board for the city of Chicopee, Police Court Room, Chicopee.

EVERETT.

Local Board for the city of Everett, State Armory, Chelsea Street.

FALL RIVER.

Local Board for Division No. 1, 102 South Main Street.
Local Board for Division No. 2, 1472 South Main Street.
Local Board for Division No. 3, 10 Basset Street.
Local Board for Division No. 4, Room 5, Borden Block.

FITCHBURG.

Local Board for the city of Fitchburg, State Armory, Fitchburg.

HAVERHILL.

Local Board for Division No. 1, Boys Club Building, 55-57 Emerson Street.
Local Board for Division No. 2, City Hall.

HOLYOKE.

Local Board for Division No. 1, City Hall.
Local Board for Division No. 2, City Hall.

LAWRENCE.

Local Board for Division No. 1, 424 Bay State Building.
Local Board for Division No. 2, Courthouse, Appleton Street.
Local Board for Division No. 3, Room 18, Meigs Building.

LOWELL.

Local Board for Division No. 1, Room 3, 226 Merrimac Street.
Local Board for Division No. 2, City Hall.
Local Board for Division No. 3, Courthouse, Gorham Street.
Local Board for Division No. 4, Greenhalge School, Ennell Street.

LYNN.

Local Board for Division No. 1, Courthouse, 578 Essex Street.
Local Board for Division No. 2, 7 Central Square.
Local Board for Division No. 3, Houghton Branch Library, Breed Square, West Lynn.

MALDEN.

Local Board for Division No. 1, District Courthouse.
Local Board for Division No. 2, City Hall.

MEDFORD.

Local Board for the city of Medford, Room 10, Medford Building, Medford.

NEW BEDFORD.

Local Board for Division No. 1, Fire Engine House, Aquahnet Avenue.
Local Board for Division No. 2, Care of The Evening Standard.
Local Board for Division No. 3, Third District Court Building.
Local Board for Division No. 4, No. 11 Fire Station, 754 Brock Avenue.

NEWTON.

Local Board for the city of Newton, District Court Building, West Newton.

PITTSFIELD.

Local Board for the city of Pittsfield, City Hall, Pittsfield.

QUINCY.

Local Board for the city of Quincy, Quincy Courthouse, Quincy.

SALEM.

Local Board for the city of Salem, Room 2, Masonic Temple, Salem.

SOMERVILLE.

Local Board for Division No. 1, Police Building, Bow Street.
Local Board for Division No. 2, State Armory, Highland Avenue.
Local Board for Division No. 3, Branch Library, College Avenue.

MASSACHUSETTS—Continued.

CITIES—Continued.

SPRINGFIELD.

Local Board for Division No. 1, 289 Main Street.
 Local Board for Division No. 2, 476 Main Street.
 Local Board for Division No. 3, Room 1008 Third National Bank Building.

TAUNTON.

Local Board for the city of Taunton, City Hall, Taunton.

WALTHAM.

Local Board for the city of Waltham, Waltham Public Library, Waltham.

WORCESTER.

Local Board for Division No. 1, 75 Grove Street.
 Local Board for Division No. 2, Fire Department Headquarters, 3 Mercantile Street.
 Local Board for Division No. 3, 720 Slater Building.
 Local Board for Division No. 4, Boys' Club, Ionic Avenue.
 Local Board for Division No. 5, 15 Maple Street.

MICHIGAN.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Alcona.....	Harrisville.	Lenawee No. 1.....	Adrian.
Alger.....	Munising.	Lenawee No. 2.....	Do.
Allegan.....	Allegan.	Livingston.....	Howell.
Alpena.....	Alpena.	Luce.....	Newberry.
Antrim.....	Bellaire.	Mackinac.....	St. Ignace.
Arenac.....	Standish.	Macomb.....	Mount Clemens.
Baraga.....	L'Anse.	Manistee.....	Manistee.
Barry.....	Hastings.	Marquette No. 1....	Marquette.
Bay.....	Bay City.	Marquette No. 2....	Ishpeming.
Benzie.....	Beulah.	Mason.....	Ludington.
Berrien No. 1.....	St. Joseph.	Mecosta.....	Big Rapids.
Berrien No. 2.....	Buchanan.	Menominee.....	Menominee.
Branch.....	Coldwater.	Midland.....	Midland.
Calhoun.....	Marshall.	Missaukee.....	Lake City.
Cass.....	Cassopolis.	Monroe.....	Monroe.
Cheboygan.....	Cheboygan.	Montcalm.....	Stanton.
Charlevoix.....	Charlevoix.	Montmorency.....	Atlanta.
Chippewa.....	Sault Ste. Marie.	Muskegon.....	Muskegon.
Clare.....	Harrison.	Newaygo.....	White Cloud.
Clinton.....	St. Johns.	Oakland No. 1.....	Pontiac.
Crawford.....	Grayling.	Oakland No. 2.....	413 Washington Avenue, Royal Oak.
Delta.....	Escambia.	Oceana.....	Hart.
Dickinson.....	Iron Mountain.	Ogemaw.....	West Branch.
Eaton.....	Charlotte.	Ontonagon.....	Ontonagon.
Emmet.....	Petoskey.	Osceola.....	Hersey.
Genesee.....	City Hall, Flint.	Oscoda.....	Mio.
Gladwin.....	Gladwin.	Otsego.....	Gaylord.
Gogebic.....	Bessemer.	Ottawa No. 1.....	Grand Haven.
Grand Traverse.....	Traverse City.	Ottawa No. 2.....	Holland.
Gratiot.....	Alma.	Presque Isle.....	Rogers.
Hilldale.....	Hilldale.	Roscommon.....	Roscommon.
Houghton No. 1.....	Houghton.	Saginaw.....	Courthouse, Saginaw.
Houghton No. 2.....	Hancock.	St. Clair No. 1.....	Port Huron.
Houghton No. 3.....	Laurium.	St. Clair No. 2.....	St. Clair.
Huron.....	Bad Axe.	St. Joseph.....	Centerville.
Ingham.....	Mason.	Sanilac.....	Sandusky.
Ionia.....	Ionia.	Schoolcraft.....	Manistique.
Iosco.....	Tawas City.	Shiawassee.....	Corunna.
Iron.....	Crystal Falls.	Tuscola.....	Caro.
Isabella.....	Mount Pleasant.	Van Buren.....	Paw Paw.
Jackson.....	Jackson.	Washtenaw.....	Ann Arbor.
Kalamazoo.....	Kalamazoo.	Wayne No. 1.....	Hamtramck.
Kalkaska.....	Kalkaska.	Wayne No. 2.....	409 County Building, De- troit, Mich.
Kent No. 1.....	Grand Rapids.	Wayne No. 3.....	Wyandotte.
Kent No. 2.....	Do.	Wayne No. 4.....	Plymouth.
Keweenaw.....	Mohawk.	Wexford.....	Cadillac.
Lake.....	Baldwin.		
Lapeer.....	Lapeer.		
Leelanau.....	Leland.		

MICHIGAN—Continued.

CITIES.

BATTLE CREEK.

Local Board for the city of Battle Creek, City Hall, Battle Creek.

BAY CITY.

Local Board for Division No. 1 } City Hall.
Local Board for Division No. 2 }

DETROIT.

Local Board for Division No. 1, 408 County Building.
Local Board for Division No. 2, Municipal Court Building.
Local Board for Division No. 3, Municipal Court Building.
Local Board for Division No. 4, 195 East Forest Avenue.
Local Board for Division No. 5, 209 Owen Building.
Local Board for Division No. 6, Municipal Court Building.
Local Board for Division No. 7, Trinity Church House, Myrtle and Trumbull Avenues.
Local Board for Division No. 8, Municipal Court Building, St. Antoine and Clinton Streets.
Local Board for Division No. 9, Vermont Hall, Trumbull and Grand River Avenues.
Local Board for Division No. 10, Atwater and McDougall Avenues.
Local Board for Division No. 11, Dom Polski Building.
Local Board for Division No. 12, 945 Grand River Avenue.
Local Board for Division No. 13, Municipal Courts Building.
Local Board for Division No. 14, 284 Wreford Avenue.
Local Board for Division No. 15, 1018 Gratiot Avenue.
Local Board for Division No. 16, Riverside Temple.
Local Board for Division No. 17, 284 Wreford Avenue.
Local Board for Division No. 18, Eastern High School.
Local Board for Division No. 19, 707 Dix Avenue.
Local Board for Division No. 20, 178 Thirty-third Street.
Local Board for Division No. 21, Room 410 County Building.
Local Board for Division No. 22, 1235 Gratiot Avenue.
Local Board for Division No. 23, 1988 Fort Street, West.
Local Board for Division No. 24, 801 Kercheval Avenue.
Local Board for Division No. 25, 331 Ferndale Avenue.
Local Board for Division No. 26, 2524 East Jefferson Avenue.

FLINT.

Local Board for Division No. 1 } 116 Dryden Building.
Local Board for Division No. 2 }

GRAND RAPIDS.

Local Board for Division No. 1 }
Local Board for Division No. 2 } 84 Monroe Avenue, Monument Park Building.
Local Board for Division No. 3 }

HIGHLAND PARK.

Local Board for the city of Highland Park, 20 Gerald Avenue, Highland Park.

JACKSON.

Local Board for the city of Jackson, City Hall, Jackson.

KALAMAZOO.

Local Board for Division No. 1 } City Hall.
Local Board for Division No. 2 }

LANSING.

Local Board for the city of Lansing, Dodge Building, Lansing.

SAGINAW.

Local Board for Division No. 1, Armory Building.
Local Board for Division No. 2, 106 Graebner Building.

MINNESOTA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Aitkin.....	Aitkin.	Morrison.....	Little Falls.
Anoka.....	Anoka.	Mower.....	Austin.
Becker.....	Detroit.	Murray.....	Blayton.
Beltrami.....	Bemidji.	Nicollet.....	St. Peter.
Benton.....	Foley.	Nobles.....	Worthington.
Big Stone.....	Ortonville.	Norman.....	Ada.
Blue Earth.....	Mankato.	Olmsted.....	Rochester.
Brown.....	New Ulm.	Otter Tail No. 1.....	Fergus Falls.
Carlton.....	Carlton.	Otter Tail No. 2.....	Henning.
Carver.....	Chaska.	Pennington.....	Thief River Falls.
Cass.....	Walker.	Pine.....	Pine City.
Chippewa.....	Montevideo.	Pipestone.....	Pipestone.
Chisago.....	Center City.	Polk.....	Crookston.
Clay.....	Moorehead.	Pope.....	Glenwood.
Clearwater.....	Bagley.	Ramsey.....	White Bear Lake.
Cook.....	Grand Marais.	Red Lake.....	Red Lake Falls.
Cottonwood.....	Windom.	Redwood.....	Redwood Falls.
Crow Wing.....	Brainerd.	Renville.....	Olivia.
Dakota.....	Hastings.	Rice.....	Faribault.
Dodge.....	Auditor's Office, Mantorville.	Rock.....	Luverne.
Douglas.....	Alexandria.	Roseau.....	Roseau.
Faribault.....	Blue Earth.	St. Louis No. 1.....	211 Courthouse, Duluth.
Fillmore.....	Preston.	St. Louis No. 2.....	Eveleth.
Freeborn.....	Albert Lea.	St. Louis No. 3.....	Ely.
Goodhue.....	Red Wing.	St. Louis No. 4.....	Virginia.
Grant.....	Elbow Lake.	St. Louis No. 5.....	Chisholm.
Hennepin.....	Hopkins.	St. Louis No. 6.....	Hibbing.
Houston.....	Caledonia.	Scott.....	Shakopee.
Hubbard.....	Park Rapids.	Sherburne.....	Elk River.
Isanti.....	Cambridge.	Sibley.....	Gaylord.
Itaska.....	Grand Rapids.	Stearns No. 1.....	St. Cloud.
Jackson.....	Jackson.	Stearns No. 2.....	Melrose.
Kanabec.....	Mora.	Steele.....	Owatonna.
Kandiyohi.....	Willmar.	Stevens.....	Morris.
Kittson.....	Hallock.	Swift.....	Benson.
Koochiching.....	International Falls.	Todd.....	Long Prairie.
Lac qui Parle.....	Madison.	Traverse.....	Wheaton.
Lake.....	Two Harbors.	Wabasha.....	Wabasha.
Le Sueur.....	Le Sueur Center.	Wadena.....	Wadena.
Lincoln.....	Ivanhoe.	Waseca.....	Waseca.
Lyon.....	Marshall.	Washington.....	Stillwater.
McLeod.....	Glencoe.	Watsonwan.....	St. James.
Mahnomen.....	Mahnomen.	Wilkin.....	Breckenridge.
Marshall.....	Warren.	Winona.....	Winona.
Martin.....	Fairmont.	Wright.....	Buffalo.
Meeker.....	Litchfield.	Yellow Medicine.....	Granite Falls.
Miller.....	Princeton.		

CITIES.

DULUTH.

Local Board for Division No. 1, Municipal Court Building, West Duluth Station
 Local Board for Division No. 2, Room 13, Sloan Block.
 Local Board for Division No. 3, 230 West Superior Street.
 Local Board for Division No. 4, 4-5 East Superior Street.

MINNEAPOLIS.

Local Board for Division No. 1, 301 East Hennepin Avenue.
 Local Board for Division No. 2, Main Engineering Room, State University.
 Local Board for Division No. 3, No. 11, 8, Olmsted and Seventeenth Avenue, north.
 Local Board for Division No. 4, The Armory, Kenwood Parkway.
 Local Board for Division No. 5, 715 New York Life Building.
 Local Board for Division No. 6, Millbury Settlement, 320 Sixteenth Avenue, south.
 Local Board for Division No. 7, Irvine School, Twenty-eighth Street and Seventeenth Avenue, south.
 Local Board for Division No. 8, 313 Metropolitan National Bank Building.
 Local Board for Division No. 9, 2423 Central Avenue.
 Local Board for Division No. 10, 3116 Emerson Avenue.
 Local Board for Division No. 11, care of Adams School, Sixteenth Avenue, South and Franklin.
 Local Board for Division No. 12, 3002 Twenty-seventh Avenue, south.
 Local Board for Division No. 13, Lake Harriet, Commercial Club, 2718 West Forty-third Street.

MINNESOTA—Continued.

CITIES—Continued.

ST. PAUL.

Local Board for Division No. 1, Woodman Hall, Payne Avenue and Jenks Street.
 Local Board for Division No. 2, Dayton's Bluff Commercial Club.
 Local Board for Division No. 3, 200 Pittsburgh Building.
 Local Board for Division No. 4, West End Commercial Club.
 Local Board for Division No. 5, Cor. Humboldt and George Streets.
 Local Board for Division No. 6, 300 Germania Life Building.
 Local Board for Division No. 7, 486 Rice Street.
 Local Board for Division No. 8, 410 Shubert Building.
 Local Board for Division No. 9, Room 407 Hackney Building.
 Local Board for Division No. 10, 510-512 Metropolitan Opera House Building.
 Local Board for Division No. 11, Third Floor Old State Capitol.

MISSISSIPPI.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Natches.	Leflore.....	Greenwood.
Alcorn.....	Cornith.	Lincoln.....	Brookhaven.
Amite.....	Liberty.	Lowndes.....	Columbus.
Attala.....	Kosciusko.	Madison.....	Canton.
Benton.....	Ashland.	Marion.....	Columbia.
Bolivar No. 1.....	Rosedale.	Marshall.....	Holly Springs.
Bolivar No. 2.....	Cleveland.	Monroe.....	Aberdeen.
Calhoun.....	Pittsboro.	Montgomery.....	Winona.
Carroll.....	Carrollton.	Neshoba.....	Philadelphia.
Chickasaw.....	Houston.	Newton.....	Decatur.
Choctaw.....	Ackerman.	Noxubee.....	Macon.
Claiborne.....	Port Gibson.	Oktibbeha.....	Starkville.
Clarke.....	Quitman.	Panola.....	Batesville.
Clay.....	West Point.	Pearl River.....	Poplarville.
Coahoma.....	Clarksdale.	Perry.....	New Augusta.
Copiah.....	Hazlehurst.	Pike.....	Magnolia.
Covington.....	Collins.	Pontotoc.....	Pontotoc.
De Soto.....	Hernando.	Prentiss.....	Boonville.
Forrest.....	Hattiesburg.	Quitman.....	Marka.
Franklin.....	Meadville.	Rankin.....	Brandon.
George.....	Lucedale.	Scott.....	Forest.
Greene.....	Leaksville.	Sharkey.....	Rolling Fork.
Grenada.....	Grenada.	Simpson.....	Mendenhall.
Hancock.....	Bay St. Louis.	Smith.....	Raleigh.
Harrison.....	Gulfport.	Stone.....	Wiggins.
Hinds.....	Jackson.	Sunflower.....	Indianola.
Holmes.....	Lexington.	Tallahatchie.....	Charleston.
Humphrey*.....	Belzoni.	Tate.....	Senatobia.
Issaquena.....	Mayersville.	Tippah.....	Ripley.
Itawamba.....	Fulton.	Tishomingo.....	Iuka.
Jackson.....	Pascagoula.	Tunica.....	Tunica.
Jasper.....	Bay Springs.	Union.....	New Albany.
Jefferson.....	Fayette.	Walthall.....	Tylertown.
Jefferson Davis.....	Prentiss.	Warren.....	Vicksburg.
Jones.....	Laurel.	Washington*.....	Greenville.
Kemper.....	DeKalb.	Wayne.....	Waynesboro.
Lafayette.....	Oxford.	Webster.....	Walthall.
Lamar.....	Purvis.	Wilkinson.....	Woodville.
Lauderdale No. 1.....	Meridian.	Winston.....	Louisville.
Lauderdale No. 2.....	Do.	Yalobusha.....	Water Valley.
Lawrence.....	Monticello.	Yazoo No. 1.....	Yazoo City.
Leake.....	Carthage.	Yazoo No. 2.....	Do.
Lee.....	Tupelo.		

*Boards formerly existed as No. 1 and 2, Washington County; Local Board No. 1 was changed to Local Board for Washington County, and Local Board No. 2 was changed to Local Board for Humphrey County, July 8, 1918.

CITIES.

JACKSON.

Local Board for the city of Jackson, 404 Capitol National Bank Building, Jackson.

MISSOURI.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adair.....	Kirksville.	Livingston.....	Chillicothe.
Andrew.....	Savannah.	McDonald.....	Pineville.
Atchison.....	Rockport.	Macon.....	Macon.
Andrain.....	Mexico.	Madison.....	Fredericktown.
Barry.....	Cassville.	Marion.....	Vienna.
Barton.....	Lamar.	Marion.....	Palmyra.
Bates.....	Butler.	Mercer.....	Princeton.
Benton.....	Warsaw.	Miller.....	Tuscumbia.
Bollinger.....	Marble Hill.	Mississippi.....	Charleston.
Boone.....	Columbia.	Moniteau.....	California.
Buchanan.....	St. Joseph.	Monroe.....	Paris.
Butler.....	Poplar Bluff.	Montgomery.....	Montgomery City.
Caldwell.....	Kingston.	Morgan.....	Versailles.
Callaway.....	Fulton.	New Madrid.....	New Madrid.
Camden.....	Linn Creek.	Newton.....	Necaho.
Cape Girardeau.....	Jackson.	Nodaway.....	Maryville.
Carroll.....	Carrollton.	Oregon.....	Alton.
Carter.....	Van Buren.	Osage.....	Linn.
Cass.....	Harrisonville.	Ozark.....	Galnesville.
Cedar.....	Stockton.	Pemiscot.....	Caruthersville.
Chariton.....	Keytesville.	Perry.....	Perryville.
Christian.....	Ozark.	Pettis.....	Sedalia.
Clark.....	Kahoka.	Phelps.....	Rolla.
Clay.....	Liberty.	Pike.....	Bowling Green.
Clinton.....	Plattsburg.	Platte.....	Platte City.
Cole.....	Jefferson City.	Polk.....	Bolivar.
Cooper.....	Boonville.	Pulaski.....	Waynesville.
Crawford.....	Steelville.	Putnam.....	Unionville.
Dade.....	Greenfield.	Ralls.....	New London.
Dallas.....	Buffalo.	Randolph.....	Huntsville.
Davies.....	Gallatin.	Ray.....	Richmond.
Dekalb.....	Maysville.	Reynolds.....	Centerville.
Dent.....	Salem.	Ripley.....	Doniphan.
Douglas.....	Ava.	St. Charles.....	St. Charles.
Dunklin.....	Kennett.	St. Clair.....	Osceola.
Franklin.....	Union.	St. Francois.....	Farmington.
Gasconade.....	Hermann.	Ste. Genevieve.....	Ste. Genevieve.
Gentry.....	Albany.	St. Louis No. 1.....	Clayton.
Greene.....	Springfield.	St. Louis No. 2.....	Ferguson.
Grundy.....	Trenton.	St. Louis No. 3.....	Kirkwood.
Harrison.....	Bethany.	Saline.....	Marshall.
Henry.....	Clinton.	Schuyler.....	Lancaster.
Hickory.....	Hermitage.	Scotland.....	Memphis.
Holt.....	Oregon.	Scott.....	Benton.
Howard.....	Fayette.	Shannon.....	Eminence.
Howell.....	West Plains.	Shelby.....	Shelbyville.
Iron.....	Ironton.	Stoddard.....	Bloomfield.
Jackson.....	Independence.	Stone.....	Galena.
Jasper No. 1.....	Carthage.	Sullivan.....	Milan.
Jasper No. 2.....	Webb City.	Taney.....	Forsyth.
Jefferson.....	Hillsboro.	Texas.....	Houston.
Johnson.....	Warrensburg.	Vernon.....	Nevada.
Knox.....	Edina.	Warren.....	Warrenton.
Laclede.....	Lebanon.	Washington.....	Potosi.
Lafayette.....	Lexington.	Wayne.....	Greenville.
Lawrence.....	Mount Vernon.	Webster.....	Marshallfield.
Lewis.....	Monticello.	Worth.....	Grant City.
Lincoln.....	Troy.	Wright.....	Hartsville.
Linn.....	Linneus.		

CITIES.

JOPLIN.

Local Board for the city of Joplin, Federal Building, Joplin.

KANSAS CITY.

Local Board for Division No. 1, 1108 Wyandotte Street.
 Local Board for Division No. 2, 316 Gumbel Building.
 Local Board for Division No. 3, 906 Commerce Building.
 Local Board for Division No. 4, 908 New York Life Building.
 Local Board for Division No. 5, 702 Admiral Boulevard.
 Local Board for Division No. 6, care of Densmore Hotel.
 Local Board for Division No. 7, 417 R. A. Long Building.
 Local Board for Division No. 8, 305-306 New Center Building.
 Local Board for Division No. 9, 3401 East Fifteenth Street.
 Local Board for Division No. 10, Twenty-first and Campbell Streets.
 Local Board for Division No. 11, 3005 Troost Avenue.

MISSOURI—Continued.**CITIES—Continued.****KANSAS CITY—continued.**

Local Board for Division No. 12, 3429 Troost Avenue.
 Local Board for Division No. 13, 419 Gloyd Building.
 Local Board for Division No. 14, 330-331 New York Life Building.
 Local Board for Division No. 15, 4301 East Fifteenth Street.
 Local Board for Division No. 16, 107 South Hardesty Street.

ST. JOSEPH.

Local Board for Division No. 1, Seventh and Felix.
 Local Board for Division No. 2, 203 Federal Building.
 Local Board for Division No. 3, 5024½ King Hill Avenue.

ST. LOUIS.

Local Board for Division No. 1, 4551 North Broadway.
 Local Board for Division No. 2, Blair Avenue and Salisbury.
 Local Board for Division No. 3, 1909 St. Louis Avenue.
 Local Board for Division No. 4, Fourteenth and Cass Avenue.
 Local Board for Division No. 5, care of Jefferson Hotel.
 Local Board for Division No. 6, 125 South Fourth Street.
 Local Board for Division No. 7, 1328 South Broadway.
 Local Board for Division No. 8, 714 Souard Street.
 Local Board for Division No. 9, Eighteenth and Shenandoah Avenue.
 Local Board for Division No. 10, 3373 South Seventh Street.
 Local Board for Division No. 11, 3548 South Grand Avenue.
 Local Board for Division No. 12, 6818 Michigan Avenue.
 Local Board for Division No. 13, 3156 South Grand Avenue.
 Local Board for Division No. 14, Grand and Magnolia.
 Local Board for Division No. 15, Northwest Corner Lafayette and Mississippi.
 Local Board for Division No. 16, 3122 Park Avenue.
 Local Board for Division No. 17, 3683 Olive Street.
 Local Board for Division No. 18, 1800 North Twenty-third Street.
 Local Board for Division No. 19, Jefferson Avenue and Dayton.
 Local Board for Division No. 20, Grand and Franklin.
 Local Board for Division No. 21, 3126 North Grand Avenue.
 Local Board for Division No. 22, 4103 Easton Avenue.
 Local Board for Division No. 23, 14 North Newsteas Avenue.
 Local Board for Division No. 24, Magnolia and Clifton Avenues.
 Local Board for Division No. 25, Washington Hotel.
 Local Board for Division No. 26, 4803 Page Avenue.
 Local Board for Division No. 27, 1902 North Union Boulevard.
 Local Board for Division No. 28, 218 Delmar Building.

SPRINGFIELD.

Local Board for the city of Springfield, Springfield, Mo.

MONTANA.**COUNTIES.**

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Beaverhead.....	Dillon.	Mineral.....	Superior.
Big Horn.....	Hardin.	Musselshell.....	Roundup.
Blaine.....	Chinook.	Missoula.....	Missoula.
Broadwater.....	Townsend.	Park.....	Livingston.
Carbon.....	Red Lodge.	Phillips.....	Malta.
Carter.....	Ekalaka.	Powell.....	Deer Lodge.
Cascade.....	Great Falls.	Prairie.....	Terry.
Choteau.....	Fort Benton.	Ravalli.....	Hamilton.
Custer.....	Miles City.	Richland.....	Sidney.
Dawson.....	Glendive.	Rosebud.....	Forsyth.
Deer Lodge.....	Anaconda.	Sanders.....	Thompson Falls.
Fallon.....	Baker.	Sheridan.....	Plentywood.
Fergus.....	Lewiston.	Silver Bow.....	Butte.
Flathead.....	Kalispell.	Stillwater.....	Columbus.
Gallatin.....	Bozeman.	Sweet Grass.....	Big Timber.
Granite.....	Phillipsburg.	Teton.....	Choteau.
Hill.....	Havre.	Toole.....	Shelby.
Jefferson.....	Boulder.	Valley.....	Glasgow.
Lewis and Clark.....	Helena.	Wheatland.....	Harlowton.
Lincoln.....	Libby.	Wibaux.....	Wibaux.
Madison.....	Virginia City.	Yellowstone.....	Billings.
Meagher.....	White Sulphur Springs.		

CITIES.**BUTTE.**

Local Board for the city of Butte, City Hall, Butte.

NEBRASKA. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Hastings.	Jefferson.....	Fairbury.
Antelope.....	Neligh.	Johnson.....	Teconmash.
Arthur.....	Arthur.	Kearney.....	Minden.
Banner.....	Harrisburg.	Keith.....	Ogallala.
Blaine.....	Brewster.	Kaya-Paha.....	Springview.
Boone.....	Albion.	Kimball.....	Kimball.
Box Butte.....	Alliance.	Knox.....	Center.
Boyd.....	Butte.	Lancaster.....	Courthouse, Lincoln.
Brown.....	Ainsworth.	Lincoln.....	North Platte.
Buffalo.....	Kearney.	Logan.....	Gandy.
Burt.....	Tekamah.	Loup.....	Taylor.
Butler.....	David City.	McPherson.....	Tryon.
Cass.....	Plattsmouth.	Madison.....	Madison.
Cedar.....	Hartington.	Merrick.....	Central City.
Chase.....	Imperial.	Morrill.....	Office of County Clerk,
Cherry.....	Valentine.		Bridgeport.
Cheyenne.....	Courthouse, Sidney.	Nance.....	Fullerton.
Clay.....	Clay Center.	Nemaha.....	South Auburn.
Colfax.....	Schuyler.	Nuckolls.....	Nelson.
Cuming.....	West Point.	Otoe.....	Nebraska City.
Custer.....	Broken Bow.	Pawnee.....	Pawnee City.
Dakota.....	Dakota City.	Perkins.....	Grant.
Dawes.....	Chadron.	Phelps.....	Holdrege.
Dawson.....	Lexington.	Pierce.....	Pierce.
Deuel.....	Chappell.	Platte.....	Columbus.
Dixon.....	Ponca.	Polk.....	Osceola.
Dodge.....	Fremont.	Red Willow.....	Courthouse, McCook.
Douglas.....	Benson.	Richardson.....	Falls City.
Dundy.....	Benkelman.	Rock.....	Bassett.
Fillmore.....	Geneva.	Saline.....	Wilber.
Franklin.....	Bloomington.	Sarpy.....	Papillion.
Frontier.....	Stockville.	Saunders.....	Wahoo.
Furnas.....	Beaver City.	Scotts Bluff.....	Gering.
Gage.....	Beatrice.	Seward.....	Seward.
Garden.....	Oshkosh.	Sheridan.....	Rushville.
Garfield.....	Burwell.	Sherman.....	Loup City.
Gosper.....	Elwood.	Sioux.....	Harrison.
Grant.....	Hyannis.	Stanton.....	Stanton.
Greeley.....	Greeley Center.	Thayer.....	Hebron.
Hall.....	Grand Island.	Thomas.....	Thedford.
Hamilton.....	Aurora.	Thurston.....	Pender.
Harlan.....	Alma.	Valley.....	Ord.
Hayes.....	Hayes Center.	Washington.....	Blair.
Hitchcock.....	Trenton.	Wayne.....	Wayne.
Holt.....	O'Neill.	Webster.....	Red Cloud.
Hooker.....	Mullen.	Wheeler.....	Bartlett.
Howard.....	St. Paul.	York.....	York.

CITIES.

LINCOLN.

Local Board for Division No. 1) City Hall.
Local Board for Division No. 2)

OMAHA.

Local Board for Division No. 1, FireHouse, Twenty-second and Ames Avenue.
Local Board for Division No. 2, Twenty-fourth and O Streets.
Local Board for Division No. 3, City Hall.
Local Board for Division No. 4, Federal Building.
Local Board for Division No. 5, Courthouse.

NEVADA. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Churchill.....	Fallon.	Lincoln.....	Pioche.
Clark.....	Las Vegas.	Lyons.....	Yerington.
Douglas.....	Minden.	Mineral.....	Hawthorne.
Elko.....	Elko.	Nye.....	Tonopah.
Esmeralda.....	Goldfield.	Ormsby.....	Carson City.
Eureka.....	Fureka.	Storey.....	Virginia City.
Humboldt.....	Winnemucca.	Washoe.....	Reno.
Lander.....	Austin.	White Pine.....	Ely.

NEW HAMPSHIRE.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Belknap.....	Laconia.	Merrimack No. 1....	Concord.
Carroll.....	Ossipee.	Merrimack No. 2....	Franklin.
Cheeshire.....	Keene.	Rockingham No. 1..	Portsmouth.
Cook.....	Lancaster.	Rockingham No. 2..	Exeter.
Grafton.....	Woodsville.	Strafford.....	Dover.
Hillsborough No. 1..	Nashua.	Sullivan.....	Newport.
Hillsborough No. 2..	Millford.		

CITY.

MANCHESTER.

Local Board for Division No. 1
 Local Board for Division No. 2, Manchester.
 Local Board for Division No. 3

NEW JERSEY.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Atlantic.....	Courthouse, Mays Landing.	Hunterdon.....	Courthouse, Flemington.
Bergen No. 1.....	Municipal Building, East Rutherford.	Mercer.....	Courthouse, Trenton.
Bergen No. 2.....	Courthouse, Hackensack.	Middlesex No. 1....	57 Livingston Avenue, New Brunswick.
Bergen No. 3.....	Municipal Building, Edgewater.	Middlesex No. 2....	Sheriff's Office, New Brunswick.
Bergen No. 4.....	Room 11, Wilsey Building, 3 Broadway, Ridgewood.	Middlesex No. 3....	Borough Hall, Sayreville.
Bergen No. 5.....	18 Engle Street, Englewood.	Middlesex No. 4....	Borough Hall, Metuchen.
Bergen No. 6.....	46 Hudson Street, Hackensack.	Monmouth No. 1....	Courthouse, Freehold.
Burlington No. 1....	Courthouse, Mount Holly.	Monmouth No. 2....	Borough Hall, Keyport.
Burlington No. 2....	City Hall, Hackensack.	Monmouth No. 3....	Elks' Home, Red Bank.
Burlington No. 3....	City Hall, Burlington.	Monmouth No. 4....	Seacoast Trust Building, 701 Mattison Avenue, Asbury Park.
Camden No. 1.....	Courthouse, Camden.	Morris No. 1.....	Courthouse, Morristown.
Camden No. 2.....	Do.	Morris No. 2.....	Municipal Building, Dover.
Cape May.....	Courthouse, Cape May.	Morris No. 3.....	Town Hall, Boonton.
Cumberland No. 1....	Courthouse, Bridgeton.	Ocean.....	Courthouse, Toms River.
Cumberland No. 2....	City Hall, Vineland.	Passaic No. 1.....	Courthouse, Paterson.
Essex No. 1.....	Courthouse, Newark.	Passaic No. 2.....	Do.
Essex No. 2.....	Town Hall, Glen Ridge.	Salem, No. 1*.....	Courthouse, Salem.
Essex No. 3.....	Town Hall, Montclair.	Salem No. 2.....	Pennsgrove.
Essex No. 4.....	285 Bloomfield Avenue, Caldwell.	Somerset No. 1....	Courthouse, Somerville.
Essex No. 5.....	Police Headquarters, Irvington.	Somerset No. 2....	Room 6 Voorhees Building, South Boundbrook.
Gloucester No. 1....	Courthouse, Woodbury.	Summit.....	Courthouse, Newton.
Gloucester No. 2....	Do.	Union No. 1.....	Courthouse, Elizabeth.
Hudson No. 1.....	Courthouse, Jersey City.	Union No. 2.....	The Babcock Building, Plainfield.
Hudson No. 2.....	Town Hall, North Bergen.	Union No. 3.....	City Hall, Summit.
Hudson No. 3.....	City Hall, Union.	Warren No. 1.....	Courthouse, Belvidere.
Hudson No. 4.....	Town Hall, Harrison.	Warren No. 2.....	Thrd Floor Pennsylvania R. R. Building, Phillipsburg.
Hudson No. 5.....	Town Hall, Kearney.		

*Local Board for Salem County divided on Sept. 12, 1918, into Local Boards Nos. 1 and 2.

CITIES.

ATLANTIC.

Local Board for Division No. 1, Room 16 City Hall.
 Local Board for Division No. 2, Room 16 City Hall.

BATONNE.

Local Board for Division No. 1, 29 West Eighth Street.
 Local Board for Division No. 2, 734 Broadway.

NEW JERSEY—Continued.

CITIES.

CAMDEN.

Local Board for Division No. 1, Courthouse
 Local Board for Division No. 2, City Hall.
 Local Board for Division No. 3, 1729 Ferry Avenue.
 Local Board for Division No. 4, Library, Twenty-sixth and Federal Streets.

EAST ORANGE.

Local Board for the city of East Orange, High School, Winans Street, East Orange.

ELIZABETH

Local Board for Division No. 1)
 Local Board for Division No. 2) City Hall.
 Local Board for Division No. 3)

HOBOKEN.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, Free Public Library.
 Local Board for Division No. 3, School 6, Willow and Eleventh Streets.

JERSEY CITY.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, School 32, Coles and Eighth Streets.
 Local Board for Division No. 3, School 9, Mercer and Brunswick Streets.
 Local Board for Division No. 4, School 20, Danforth Avenue.
 Local Board for Division No. 5, School 24, Virginia Avenue.
 Local Board for Division No. 6, Bergen Avenue and Mercer Street.
 Local Board for Division No. 7, School 31, Boulevard.
 Local Board for Division No. 8, School 28, Hancock Avenue.
 Local Board for Division No. 9, Sixth Precinct Police Station.
 Local Board for Division No. 10, School No. 2, Erie and Fourth Streets.

NEWARK.

Local Board for Division No. 1, 88 Seventh Avenue.
 Local Board for Division No. 2, 391 Plane Street.
 Local Board for Division No. 3, City Hall.
 Local Board for Division No. 4, 516 Clinton Avenue.
 Local Board for Division No. 5, 136 Van Buren Street.
 Local Board for Division No. 6, 258 South Seventh Street.
 Local Board for Division No. 7, 51 Bruce Street.
 Local Board for Division No. 8, Elliot School.
 Local Board for Division No. 9, City Hall.
 Local Board for Division No. 10, City Hall.
 Local Board for Division No. 11, 305 Orange Street.
 Local Board for Division No. 12, School, South Market Street.
 Local Board for Division No. 13, Fourth Floor, City Hall.
 Local Board for Division No. 14, Fourth Precinct Police Station, Seventeenth Avenue and Livingston Street.

ORANGE.

Local Board for city of Orange, City Hall, 247 Littleton Avenue.

PASSAIC.

Local Board for Division No. 1)
 Local Board for Division No. 2) City Hall.

PATERSON.

Local Board for Division No. 1)
 Local Board for Division No. 2) City Hall.
 Local Board for Division No. 3, 301 Colt Building.
 Local Board for Division No. 4)
 Local Board for Division No. 5) City Hall.

PERTH AMBOY.

Local Board for the city of Perth Amboy, City Hall, Perth Amboy.

TRENTON.

Local Board for Division No. 1, Library, State House.
 Local Board for Division No. 2)
 Local Board for Division No. 3) City Hall.
 Local Board for Division No. 4)

WEST HOBOKEN.

Local Board for the city of West Hoboken, City Hall, West Hoboken.

NEW MEXICO.
COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Bernalillo.....	Albuquerque.	Otero.....	Alamogordo.
Chaves.....	Roswell.	Quay.....	Tucumcari.
Colfax.....	Raton.	Rio Arriba.....	Chama.
Curry.....	Clovis.	Roosevelt.....	Portales.
De Baca*.....	Fort Sumner.	Sandoval.....	Bernalillo.
Dona Ana.....	Las Cruces.	San Juan.....	Astec.
Eddy.....	Carlsbad.	San Miguel.....	Las Vegas.
Grant.....	Silver City.	Santa Fe.....	Santa Fe.
Guadalupe.....	Santa Rosa.	Sierra.....	Hillsboro.
Lee*.....	Lovington.	Socorro.....	Socorro.
Lincoln.....	Carrizozo.	Taos.....	Taos.
Luna.....	Deming.	Torrance.....	Estancia.
McKinley.....	Gallup.	Union.....	Clayton.
Mora.....	Wagon Mound or Mora.	Valencia.....	Los Lunas.

* Created May 20, 1918.

NEW YORK.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Albany No. 1.....	Mayor's Office, City Hall, Cohoes.	Onondaga No. 2.....	410 Courthouse, Syracuse.
Albany No. 2.....	City Hall, Watervliet.	Onondaga No. 3.....	Town Hall, Baldwinsville.
Albany No. 3.....	Room 236 County Court- house, Albany.	Ontario No. 1.....	Surrogate's Office, Canan- daigua.
Allegany.....	Courthouse, Belmont.	Ontario No. 2.....	Town House, Canandaigua.
Broome.....	608 Press Building, Bing- hamton.	Orange No. 1.....	City Hall, Newburgh.
Cattaraugus No. 1...	Federal Building, Olean.	Orange No. 2.....	Tuxedo Park.
Cattaraugus No. 2...	90 Main Street, Salamanca.	Orange No. 3.....	City Hall, Middletown.
Cattaraugus No. 3...	Town Hall, Gowanda.	Orange No. 4.....	County Building, Goshen.
Cayuga.....	Federal Building, Auburn.	Orleans.....	Courthouse, Albion.
Chautauque No. 1...	Fredonia.	Oswego No. 1.....	County Building, Oswego.
Chautauque No. 2...	Care of S. C. Crandall, West- field.	Oswego No. 2.....	Fulton.
Chautauque No. 3...	Care of J. F. McCarthy, Silver Creek.	Oswego No. 3.....	Courthouse, Pulaski.
Chemung.....	Courthouse Annex, Elmira.	Otsego No. 1.....	Room 8 Onondaga Hotel Building, Onondaga.
Chenango.....	Box 147 Courthouse, Nor- wich.	Otsego No. 2.....	Cooperstown.
Clinton No. 1.....	County Court Building, Mar- garet Street, Plattsburg.	Putnam.....	County Office Building, Car- mel.
Clinton No. 2.....	An Sable Forks.	Rensselaer No. 1....	Broadway and Ferry Street, Rensselaer.
Columbia.....	Courthouse, Hudson.	Rensselaer No. 2....	Municipal Building, Hoosick Falls.
Cortland.....	15 Court Street, Cortland.	Rockland No. 1.....	Haverstraw.
Delaware No. 1.....	Delhi.	Rockland No. 2.....	Business Men's Club, Broad- way and First Avenue, Nyack.
Delaware No. 2.....	Walton.	St. Lawrence No. 1...	State Armory, Ogdensburg.
Dutchess No. 1.....	574 Main Street, Beacon.	St. Lawrence No. 2...	Potsdam.
Dutchess No. 2.....	Beekman Arms, Rhinebeck.	St. Lawrence No. 3...	107 East Main Street, Gouver- neur.
Erie No. 1.....	City Hall, Lackawanna.	Saratoga No. 1.....	Convention Hall, Saratoga Springs.
Erie No. 2.....	Room 5 Hamburg Bank Building, Hamburg.	Saratoga No. 2.....	Strong Hose Co. North Third Street, Mechanics- ville.
Erie No. 3.....	Collins Community House, Collins.	Schenectady.....	County Courthouse, Sche- nectady.
Erie No. 4.....	Town Hall, Lancaster.	Schoharie.....	County Clerk's Office, Scho- harie.
Essex.....	County Clerk's Office, Eliza- bethtown.	Schuyler.....	Courthouse, Watkins.
Franklin No. 1.....	County Clerk's Office, Ma- lone.	Seneca.....	Courthouse, Waterloo.
Franklin No. 2.....	20 Church Street, Saranac Lake.	Steuben No. 1.....	Courthouse, Corning.
Fulton No. 1.....	State Armory, Washington Street, Gloversville.	Steuben No. 2.....	Courthouse, Hornell.
Fulton No. 2.....	County Clerk's Building, Johnstown.	Steuben No. 3.....	Town Clerk's Office, Addi- son.
Genesee.....	Courthouse, Batavia.	Suffolk No. 1.....	Care of Jeremiah Robbins, Babylon.
Greene.....	Courthouse, Catskill.	Suffolk No. 2.....	Bay Shore.
Hamilton.....	Long Lake.	Suffolk No. 3.....	Courthouse, Riverhead.
Herkimer No. 1.....	City Hall, Little Falls.	Sullivan.....	Monticello.
Herkimer No. 2.....	Courthouse, Herkimer.	Tioga.....	Courthouse, Owego.
Jefferson No. 1.....	Courthouse, Watertown.	Tompkins.....	Courthouse, Ithaca.
Jefferson No. 2.....	Continental Hotel, Adams.	Ulster No. 1.....	Surrogate's Court, Main and Fair Streets, Kingston.
Jefferson No. 3.....	Strickland Building, Car- thage.	Ulster No. 2.....	44 Main Street, Kingston.
Lewis.....	Lewis County Courthouse, Lowville.	Ulster No. 3.....	Mechanic's Hall, Nanapanoch.
Livingston.....	Courthouse, Genesee.	Warren.....	Rooms of Public Safety Board, Municipal Build- ing, Glen Falls.
Madison.....	Courthouse, Wampsville.	Washington No. 1...	Church Street Schoolhouse, Granville.
Monroe No. 1.....	City Hall, Rochester.	Washington No. 2...	Electric Light Co.'s Office, Greenwich.
Monroe No. 2.....	City Hall, Rochester.	Wayne No. 1.....	Cuyler Building, Palmyra.
Monroe No. 3.....	City Hall, Fairport.	Wayne No. 2.....	9 Canal Street, Lyons.
Montgomery.....	Courthouse, Fonda.	Westchester No. 1...	1029 Main Street, Peekskill.
Nassau No. 1.....	Glen Cove Bank Building, Glen Cove.	Westchester No. 2...	17 North Broadway, Tarry- town.
Nassau No. 2.....	Denton Building, Mineola.	Westchester No. 3...	Courthouse, White Plains.
Nassau No. 3.....	78 Church Street, Freeport.	Westchester No. 4...	Do.
Nassau No. 4.....	Fireman's Hall, Lawrence.	Westchester No. 5...	Briar Cliff Manor.
Niagara No. 1.....	13 Main Street, Lockport.	Westchester No. 6...	465 Main Street, Portchester.
Niagara No. 2.....	Room 26, Courthouse, Lock- port.	Wyoming.....	Main Street, Warsaw.
Oneida No. 1.....	Y. M. C. A. Building, Rome.	Yates.....	County Building, Penn Yan.
Oneida No. 2.....	Boonville.		
Oneida No. 3.....	New Hartford.		
Onondaga No. 1.....	Village Hall, Solvay.		

NEW YORK—Continued.

CITIES.

ALBANY.

Local Board for Division No. 1, County Courthouse.
 Local Board for Division No. 2, Arkay Building.
 Local Board for Division No. 3, Room 320, County Courthouse.
 Local Board for Division No. 4, County Courthouse.

AMSTERDAM.

Local Board for the City of Amsterdam, Sanford Homestead Building, 1 Market Street.

AUBURN.

Local Board for the city of Auburn, City Hall, Auburn.

BINGHAMTON.

Local Board for Division No. 1, 210 Security Mutual Building.
 Local Board for Division No. 2, Basement Courthouse Annex.

BUFFALO.

Local Board for Division No. 1, 739 Seneca Street.
 Local Board for Division No. 2, 22 Maurice Street.
 Local Board for Division No. 3, Room 328 Federal Building.
 Local Board for Division No. 4, 495 William Street.
 Local Board for Division No. 5, 761-765 Fillmore Avenue.
 Local Board for Division No. 6, 254 Main Street.
 Local Board for Division No. 7, Benevolent Hall, 17 Walden Avenue.
 Local Board for Division No. 8, 595-597 Walden Avenue.
 Local Board for Division No. 9, 11 East Utica Street.
 Local Board for Division No. 10, 1152 Bailey Avenue.
 Local Board for Division No. 11, 174 French Street.
 Local Board for Division No. 12, 2633 Main Street.
 Local Board for Division No. 13, Jubilee Library Building, 1936 Niagara Street.
 Local Board for Division No. 14, Old Central High School Building, Court and Franklin Streets.
 Local Board for Division No. 15, 376 Connecticut Street.
 Local Board for Division No. 16, 371 Delaware Avenue.

ELMIRA.

Local Board for the city of Elmira, City Hall, Elmira.

JAMESTOWN.

Local Board for the city of Jamestown, City Hall, East Third Street, Jamestown.

MOUNT VERNON.

Local Board for the city of Mount Vernon, City Hall, Mount Vernon.

NEW ROCHELLE.

Local Board for the city of New Rochelle, 237 Main Street, New Rochelle.

NEW YORK.

Local Board for Division No. 1, 148 Alexander Avenue, The Bronx.
 Local Board for Division No. 2, 2720 Third Avenue.
 Local Board for Division No. 3, One hundred and forty-seventh Street and St. Anns Avenue.
 Local Board for Division No. 4, 830 Westchester Avenue, The Bronx.
 Local Board for Division No. 5, 1025 East One hundred and sixty-third Street, The Bronx.
 Local Board for Division No. 6, 1473 Williamsbridge Road, The Bronx.
 Local Board for Division No. 7, 3777 White Plains Avenue.
 Local Board for Division No. 8, 391 East One hundred and forty-ninth Street, The Bronx.
 Local Board for Division No. 9, One hundred and sixty-first Street and St. Anns Avenue, The Bronx.
 Local Board for Division No. 10, County Courthouse, One hundred and sixty-first Street and Third Avenue, The Bronx.
 Local Board for Division No. 11, 1035 Stebbins Avenue.
 Local Board for Division No. 12, Morris High School, The Boston Road and One hundred and sixtysixth Street, New York City.
 Local Board for Division No. 13, 1319 Boston Road, The Bronx.
 Local Board for Division No. 14, 1738 Crotona Park, East Bronx.
 Local Board for Division No. 15, Public School 4, One hundred and seventy-third Street and Fulton Avenue.
 Local Board for Division No. 16, Boro Hall, Tremont and Third Avenue.
 Local Board for Division No. 17, Public School 32, East One hundred and eighty-third Street and Beaumont Avenue.
 Local Board for Division No. 18, 910 Morris Avenue, The Bronx.
 Local Board for Division No. 19, Park Commissioner's Office, Clermont Park.
 Local Board for Division No. 20, New York University, Gould Hall, The Bronx.
 Local Board for Division No. 21, Public School 32, Jerome Avenue and One hundred and eighty-fourth Street.

NEW YORK—Continued.

CITIES—Continued.

NEW YORK—continued.

- Local Board for Division No. 22, Public School 33, Jerome Avenue and One hundred and eighty-fourth Street.
- Local Board for Division No. 23, 124 Schermerhorn Street, Brooklyn.
- Local Board for Division No. 24, 99-105 Myrtle Avenue, Brooklyn.
- Local Board for Division No. 25, 152 York Street, Brooklyn.
- Local Board for Division No. 26, 174 Nassau Street, Brooklyn.
- Local Board for Division No. 27, Public Library, Clinton and Union Streets, Brooklyn.
- Local Board for Division No. 28, 105 Rapelye Street, Brooklyn.
- Local Board for Division No. 29, Municipal Court, 6 Lee Avenue, Brooklyn.
- Local Board for Division No. 30, Forty-seventh Regiment Armory, Lynch Street and Marcy Avenue.
- Local Board for Division No. 31, 411 Lewis Avenue, Brooklyn.
- Local Board for Division No. 32, 219 Patchen Avenue, Brooklyn.
- Local Board for Division No. 33, 115 Stockton Street, Brooklyn.
- Local Board for Division No. 34, Annex Public School No. 25, 335 Kosciuszko Street, Brooklyn.
- Local Board for Division No. 35, 1104 Broadway, Brooklyn.
- Local Board for Division No. 36, 261 Prospect Avenue, Brooklyn.
- Local Board for Division No. 37, Public School No. 172, Fourth Avenue and Twenty-ninth Street, Brooklyn.
- Local Board for Division No. 38, 403 Butler Street, Brooklyn.
- Local Board for Division No. 39, 307 Smith Street, near Union Street, Brooklyn.
- Local Board for Division No. 40, Public Library, Fifty-first Street and Fourth Avenue, Brooklyn.
- Local Board for Division No. 41, Public School No. 140, Fourth Avenue and Sixtieth Street, Brooklyn.
- Local Board for Division No. 42, 7609 Third Avenue, Brooklyn.
- Local Board for Division No. 43, 7824 Fifth Avenue, Brooklyn.
- Local Board for Division No. 44, Public School No. 111, Sterling Place, corner Vanderbilt Avenue, Brooklyn.
- Local Board for Division No. 45, 55 Hanson Place, Y. M. C. A., Brooklyn.
- Local Board for Division No. 46, Public School No. 45, Classon and Lafayette Avenues, Brooklyn.
- Local Board for Division No. 47, 1210 Bedford Avenue, Brooklyn.
- Local Board for Division No. 48, Seventh Avenue and Fourth Street, Manual Training High School, Brooklyn.
- Local Board for Division No. 49, Public Library, Ninth Street and Sixth Avenue, Brooklyn.
- Local Board for Division No. 50, 468 Humboldt Street, Brooklyn.
- Local Board for Division No. 51, 144 De Voe Street, Brooklyn.
- Local Board for Division No. 52, Public School No. 50, 183 South Third Street, Brooklyn.
- Local Board for Division No. 53, Public School No. 143 Havemeyer and North Sixth Streets, Brooklyn.
- Local Board for Division No. 54, 586 Driggs Avenue, Brooklyn.
- Local Board for Division No. 55, 87 Herbert Street, Brooklyn.
- Local Board for Division No. 56, 99 Mesorole Street, Brooklyn.
- Local Board for Division No. 57, 2215 Coney Island Avenue, Brooklyn.
- Local Board for Division No. 58, 1779 Eighty-sixth Street, Brooklyn.
- Local Board for Division No. 59, 1215 Avenue Q, Brooklyn.
- Local Board for Division No. 60, 7024 New Utrecht Avenue, Brooklyn.
- Local Board for Division No. 61, Public School No. 134, Ocean Parkway and Eighteenth Avenue, Brooklyn.
- Local Board for Division No. 62, Bedford Avenue and Monroe Street, Y. M. C. A., Brooklyn.
- Local Board for Division No. 63, Public School No. 44 Throop Avenue and Putnam Avenue, Brooklyn.
- Local Board for Division No. 64, Commercial High School, Bergen Street and Albany Avenue, Brooklyn.
- Local Board for Division No. 65, 852 St. Johns Place, Brooklyn.
- Local Board for Division No. 66, Erasmus High School, Church and Flatbush Avenue, Brooklyn.
- Local Board for Division No. 67, Public School No. 139, Avenue C and East Thirteenth Street, Brooklyn.
- Local Board for Division No. 68, Public School No. 24, Arion Place and Beaver Street, Brooklyn.
- Local Board for Division No. 69, 957 Broadway, Brooklyn.
- Local Board for Division No. 70, 1019 Hart Street, corner St. Nicholas Avenue, Brooklyn.
- Local Board for Division No. 71, Public School No. 56, Madison Street and Bushwick Avenue, Brooklyn.
- Local Board for Division No. 72, Public School No. 75, Evergreen Avenue and Grove Street, Brooklyn.
- Local Board for Division No. 73, 230 Graham Avenue, Brooklyn.
- Local Board for Division No. 74, Royal Palace, 16-18 Manhattan Avenue, Brooklyn.
- Local Board for Division No. 75, Public School No. 141, McKibben Street and Leonard Street, Brooklyn.
- Local Board for Division No. 76, Public School No. 106, Hamburg and Putnam Avenues, Brooklyn.
- Local Board for Division No. 77, 2893 Fulton Street, Brooklyn.
- Local Board for Division No. 78, Brooklyn Waterworks Building, Atlantic Avenue and Logan Street, Brooklyn.
- Local Board for Division No. 79, Public School No. 108, Linwood Street and Arlington Avenue, Brooklyn.
- Local Board for Division No. 80, Public School No. 72, New Lots Road and Schenck Avenue, Brooklyn.
- Local Board for Division No. 81, Belmont Avenue and Berriman Street, Brooklyn.
- Local Board for Division No. 82, 343-345 Ralph Avenue, Brooklyn.
- Local Board for Division No. 83, 223 Utica Avenue, Brooklyn.
- Local Board for Division No. 84, 2513 Atlantic Avenue, Brooklyn.
- Local Board for Division No. 85, 111 Watkins Street, Brooklyn.
- Local Board for Division No. 86, 461 Rockaway Avenue, Brooklyn.
- Local Board for Division No. 87, 461 Rockaway Avenue, Brooklyn.
- Local Board for Division No. 88, Public School No. 114, Remsen Avenue and School Lane, Brooklyn.
- Local Board for Division No. 89, 128 Prince Street, New York City.
- Local Board for Division No. 90, 498 West Broadway, New York City.
- Local Board for Division No. 91, 33 East Broadway.
- Local Board for Division No. 92, Public School No. 2, 116 Henry Street.
- Local Board for Division No. 93, 229-231 East Broadway.
- Local Board for Division No. 94, 143 Baxter Street.
- Local Board for Division No. 95, Public School No. 21, 222 Mott Street.
- Local Board for Division No. 96, 8 East Third Street, Y. M. C. A.
- Local Board for Division No. 97, 25 Montgomery Street.
- Local Board for Division No. 98, 129 Attorney Street.
- Local Board for Division No. 99, 300 Rivington Street.
- Local Board for Division No. 100, Public School No. 3, 496 Hudson Street.
- Local Board for Division No. 101, 29 Horatio Street.

NEW YORK—Continued.

CITIES—Continued.

NEW YORK—continued.

Local Board for Division No. 102, 388 Houston Street.
 Local Board for Division No. 103, 51 Avenue C.
 Local Board for Division No. 104, 20 Avenue C.
 Local Board for Division No. 105, Public School No. 56, 351 West Eighteenth Street.
 Local Board for Division No. 106, Public School No. 33, 418 West Twenty-eighth Street.
 Local Board for Division No. 107, Public School No. 75, 27 Norfolk Street.
 Local Board for Division No. 108, Public School No. 65, Forsythe and Canal Streets.
 Local Board for Division No. 109, Public School No. 161, Ludlow and Delancey Streets.
 Local Board for Division No. 110, 461 Eighth Avenue.
 Local Board for Division No. 111, 711 Eighth Avenue.
 Local Board for Division No. 112, 44 Avenue A.
 Local Board for Division No. 113, 76 Second Avenue.
 Local Board for Division No. 114, 126 Second Avenue.
 Local Board for Division No. 115, 1416 Broadway.
 Local Board for Division No. 116, Rooms 402-403 New York Public Library, Columbus Branch, 742 Tenth Avenue, near Fifty-first Street.
 Local Board for Division No. 117, 288 East Tenth Street.
 Local Board for Division No. 118, Stuyvesant High School, Fifteenth Street, near First Avenue.
 Local Board for Division No. 119, 228 East Twenty-third Street.
 Local Board for Division No. 120, 318 West Fifty-seventh Street, Y. M. C. A.
 Local Board for Division No. 121, 117 West Sixty-first Street.
 Local Board for Division No. 122, 240 East Thirty-first Street.
 Local Board for Division No. 123, 303 East Thirty-sixth Street, Public Library.
 Local Board for Division No. 124, 190 Amsterdam Avenue.
 Local Board for Division No. 125, 251 West Eightieth Street.
 Local Board for Division No. 126, 692 Amsterdam Avenue and Ninety-third Street.
 Local Board for Division No. 127, Public School No. 73, 209 East Forty-sixth Street.
 Local Board for Division No. 128, Public School No. 135, 931 First Avenue.
 Local Board for Division No. 129, American Museum National History, 51 West Fifty-seventh Street.
 Local Board for Division No. 130, 2741 Broadway.
 Local Board for Division No. 131, 777 Lexington Avenue.
 Local Board for Division No. 132, 201 East Sixty-ninth Street.
 Local Board for Division No. 133, 328 East Sixty-seventh Street.
 Local Board for Division No. 134, 2875 Broadway, corner One hundred and twelfth Street.
 Local Board for Division No. 135, One hundred and seventeenth Street and Amsterdam Avenue, East Hall, Columbia University.
 Local Board for Division No. 136, Public School No. 81, 212 West One hundred and twentieth Street.
 Local Board for Division No. 137, Public School No. 117, 1465 Avenue A.
 Local Board for Division No. 138, Public School No. 53, 211 East Seventy-ninth Street.
 Local Board for Division No. 139, 336 Lenox Avenue.
 Local Board for Division No. 140, St. Phillips Parish House, 215 West One hundred and thirty-third Street.
 Local Board for Division No. 141, City College, One hundred and thirty-eighth Street and Amsterdam Avenue.
 Local Board for Division No. 142, 451 East Eighty-sixth Street.
 Local Board for Division No. 143, 304 East Eighty-seventh Street.
 Local Board for Division No. 144, 252 West One hundred and thirty-eighth Street.
 Local Board for Division No. 145, Room 218 Main Building, One hundred and fortieth Street and Convent Avenue, City College.
 Local Board for Division No. 146, 506 West One hundred and forty-fifth Street.
 Local Board for Division No. 147, 922 St. Nicholas Avenue.
 Local Board for Division No. 148, Twenty-second Regiment Armory, Fort Washington Avenue and One hundred and sixty-eight Street.
 Local Board for Division No. 149, Library, 535 West One hundred and seventy-ninth Street.
 Local Board for Division No. 150, Public School No. 151, Ninety-first Street and First Avenue.
 Local Board for Division No. 151, 240 East One hundred and fifth Street.
 Local Board for Division No. 152, 231 East One hundred and fourth Street.
 Local Board for Division No. 153, 59 South Washington Square.
 Local Board for Division No. 154, 60 West Thirteenth Street.
 Local Board for Division No. 155, Public School No. 86, Ninety-sixth Street and Lexington Avenue.
 Local Board for Division No. 156, 72 East One hundred and eighth Street.
 Local Board for Division No. 157, 83 East One hundred and sixteenth Street.
 Local Board for Division No. 158, 1482 Broadway.
 Local Board for Division No. 159, 121 East Fifty-first Street.
 Local Board for Division No. 160, 174 East One hundred and tenth Street.
 Local Board for Division No. 161, 163 East One hundred and eleventh Street.
 Local Board for Division No. 162, 121 East One hundred and sixteenth Street.
 Local Board for Division No. 163, Central Park Arsenal, Fifth Avenue and Sixty-fourth Street.
 Local Board for Division No. 164, 51 East Eighty-third Street.
 Local Board for Division No. 165, Public School No. 159, 241 East One hundred and nineteenth Street.
 Local Board for Division No. 166, 165 East One hundred and twenty-first Street.
 Local Board for Division No. 167, 57 East One hundred and twenty-fifth Street.
 Local Board for Division No. 168, 31 West One hundred and tenth Street.
 Local Board for Division No. 169, 144 St. Nicholas Avenue.
 Local Board for Division No. 170, 290 Lenox Avenue.
 Local Board for Division No. 171, 9 Jackson Avenue, Long Island.
 Local Board for Division No. 172, 158 Grand Avenue.
 Local Board for Division No. 173, 442 Tenth Avenue, Long Island City.
 Local Board for Division No. 174, Public School No. 11, Woodside, L. I.
 Local Board for Division No. 175, 15 Whitney Avenue, Elmhurst, L. I.
 Local Board for Division No. 176, 23A South Eighth Avenue, Whitestone, L. I.

NEW YORK—Continued.

CITIES—Continued.

NEW YORK—continued.

Local Board for Division No. 177, 14 Grand Street, Maspeth, L. I.
 Local Board for Division No. 178, Seneca and Bleecker Streets, Ridgewood.
 Local Board for Division No. 179, 2404 Myrtle Avenue, Ridgewood, L. I.
 Local Board for Division No. 180, Glendale, L. I.
 Local Board for Division No. 181, 372 Boulevard, Rockaway Beach, L. I.
 Local Board for Division No. 182, 4110 Jamaica Avenue, Wildhaven, L. I.
 Local Board for Division No. 183, 4538 Jamaica Avenue, corner Woothoof Avenue, Richmond Hill, L. I.
 Local Board for Division No. 184, Post Office, Fulton Station, Jamaica, L. I.
 Local Board for Division No. 185, Town Hall, Broadway, Flushing, L. I.
 Local Board for Division No. 186, Curtis High School, New Brighton, Staten Island, N. Y.
 Local Board for Division No. 187, Public School No. 20, Park Avenue, Port Richmond, Staten Island, N. Y.
 Local Board for Division No. 188, Public School No. 14, Broad and Wright Streets, Stapleton, Staten Island, N. Y.
 Local Board for Division No. 189, Public School No. 8, Great Kills, Staten Island, N. Y.

NIAGARA FALLS.

Local Board for the city of Niagara Falls, Mayor's Office, 413 Gluck Building.

POUGHKEEPSIE.

Local Board for the city of Poughkeepsie, 255 Mill Street, Poughkeepsie.

ROCHESTER.

Local Board for Division No. 1	} City Hall.
Local Board for Division No. 2	
Local Board for Division No. 3	
Local Board for Division No. 4	
Local Board for Division No. 5	
Local Board for Division No. 6	
Local Board for Division No. 7	
Local Board for Division No. 8	

SCHENECTADY.

Local Board for Division No. 1, Room 305, County Court Building.
 Local Board for Division No. 2, County Courthouse Building, State Street.
 Local Board for Division for No. 3, Fire Station No. 9, 540 Brandywine Avenue.
 Local Board for Division No. 4, Schenectady County Courthouse.

SYRACUSE.

Local Board for Division No. 1, 313 Highland Avenue.
 Local Board for Division No. 2, 107 Educational Building, West Genesee Street.
 Local Board for Division No. 3, Grace School, Grace and Messina Streets.
 Local Board for Division No. 4, City Hall.
 Local Board for Division No. 5, The Arena, 1140 South Salina Street.

TROY.

Local Board for Division No. 1, Courthouse Building.
 Local Board for Division No. 2, Post Office Building.
 Local Board for Division No. 3, Fire Headquarters, Fifteenth Street, North Troy.

UTICA.

Local Board for Division No. 1, Corner Catherine and Genesee Streets.
 Local Board for Division No. 2, Special Term Room, County Building.
 Local Board for Division No. 3, Home Defense Building.

YONKERS.

Local Board for Division No. 1 } City Hall.
 Local Board for Division No. 2 }
 Local Board for Division No. 3, 45 Warburton Avenue.

NORTH CAROLINA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Alamance.....	Graham.	Johnston No. 2.....	Selma.
Alexander.....	Taylorsville.	Jones.....	Trenton.
Alleghany.....	Stratford.	Lee.....	Sanford.
Anson.....	Wadesboro.	Lenoir.....	111 East King Street, Kin-
Ashe.....	West Jefferson.		ston.
Avery.....	Newland.	Lincoln.....	Lincolnton.
Beaufort.....	Washington.	McDowell.....	Marion.
Bertie.....	Windsor.	Macon.....	Franklin.
Bladen.....	Elizabethtown.	Madison.....	Marshall.
Brunswick.....	Southport.	Martin.....	Williamston.
Buncombe No. 1.....	Asheville.	Mecklenburg.....	County Courthouse, Char-
Buncombe No. 2.....	Do.		lotte.
Burke.....	Morgantown.	Mitchell.....	Bakersville.
Cabarrus.....	Cocord.	Montgomery.....	Mount Gilead.
Caldwell.....	Lenoir.	Moore.....	Carthage.
Camden.....	Camden.	Nash.....	Nashville.
Carteret.....	Beaufort.	New Hanover.....	Wilmington.
Caswell.....	Yanceyville.	Northampton.....	Jackson.
Catawba.....	Hickory.	Onslow.....	Jacksonville.
Chatham.....	Siler City.	Orange.....	Chapel Hill.
Cherokee.....	Murphy.	Pamlico.....	Baysboro.
Chowan.....	Edenton.	Pasquotank.....	Elizabeth City.
Clay.....	Hayesville.	Pender.....	Burgaw.
Cleveland.....	Shalby.	Perquimans.....	Hertford.
Columbus.....	Whiteville.	Person.....	Roxboro.
Craven.....	Newbern.	Pitt.....	Greenville.
Cumberland.....	Fayetteville.	Polk.....	Tryon.
Currituck.....	Poplar Branch.	Randolph.....	Asheboro.
Dare.....	Manteo.	Richmond.....	Rockingham.
Davidson.....	Lexington.	Robeson No. 1.....	Lumberton.
Davis.....	Mocksville.	Robeson No. 2.....	Red Springs.
Duplin.....	Warsaw.	Rockingham.....	Reidsville.
Durham.....	Durham.	Rowan.....	Salisbury.
Edgecombe.....	Tarboro.	Rutherford.....	Rutherfordton.
Forsyth.....	Winston-Salem.	Sampson.....	Clinton.
Franklin.....	Louisburg.	Scotland.....	Laurinburg.
Gaston.....	Castonia.	Stanly.....	Albemarle.
Gates.....	Gatesville.	Stokes.....	R. F. D. No. 1, Danbury.
Graham.....	Robbinsville.	Surry.....	Mt. Airy.
Granville.....	Oxford.	Swain.....	Bryson City.
Greene.....	Snow Hill.	Transylvania.....	Brevard.
Guilford No. 1.....	Greensboro.	Tyrrell.....	Columbia.
Guilford No. 2.....	Do.	Union.....	Monroe.
Guilford No. 3.....	Highpoint.	Vance.....	Henderson.
Halifax.....	Weldon.	Wake No. 1.....	Raleigh.
Harnett.....	Duke.	Wake No. 2.....	Do.
Haywood.....	Waynesville.	Warren.....	Warrenton.
Henderson.....	Hendersonville.	Washington.....	Plymouth.
Hertford.....	Ahoke.	Watauga.....	Boone.
Hoke.....	Raeford.	Wayne.....	Goldsboro.
Hyde.....	Fairfield.	Wilkes.....	Wilkesboro.
Iredell.....	Statesville.	Wilson.....	Wilson.
Jackson.....	Sylva.	Yadkin.....	Yadkinville.
Johnston No. 1.....	Smithfield.	Yancey.....	Burnsville.

CITIES.

CHARLOTTE.

Local Board for the city of Charlotte, Charlotte, N. C.

WILMINGTON.

Local Board for the city of Wilmington, Wilmington, N. C.

WINSTON-SALEM.

Local Board for the city of Winston-Salem, Winston-Salem, N. C.

NORTH DAKOTA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Hettinger.	McLean.....	Washburn.
Barnes.....	Valley City.	Mercer.....	Stanton.
Benson.....	Minnewaukan.	Morton.....	Mandan.
Billings.....	Medora.	Mountrail.....	Stanley.
Bottineau.....	Bottineau.	Nelson.....	Lakota.
Bowman.....	Bowman.	Oliver.....	Center.
Burke.....	Bowbells.	Pembina.....	Cavalier.
Burleigh.....	Bismarck.	Pierce.....	Rugby.
Cass.....	Fargo.	Ramsey.....	Devils Lake.
Cavalier.....	Langdon.	Ransom.....	Lisbon.
Dickey.....	Ellendale.	Renville.....	Mohall.
Divide.....	Crosby.	Richland.....	Wahpeton.
Dunn.....	Dunn Center.	Rolette.....	Rolla.
Eddy.....	New Rockford.	Sargent.....	Forman.
Emmons.....	Linton.	Sheridan.....	McClusky.
Foster.....	Carrington.	Sioux.....	Fort Yates.
Golden Valley.....	Beach.	Slope.....	Amidon.
Grand Forks.....	Grand Forks.	Stark.....	Dickinson.
Grant.....	Carson.	Steele.....	Sherbrooke.
Griggs.....	Cooperstown.	Stutsman.....	Jamestown.
Hettinger.....	Mott.	Towner.....	Cando.
Kidder.....	Steele.	Trall.....	Hillsboro.
La Moure.....	La Moure.	Walsh.....	Grafton.
Logan.....	Napoleon.	Ward.....	Minot.
McHenry.....	Towner.	Wells.....	Fessenden.
McIntosh.....	Ashley.	Williams.....	Williston.
McKenzie.....	Schafer.		

OHIO.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Manchester.	Franklin.....	Memorial Hall, Columbus.
Allen.....	Memorial Hall, Lima.	Fulton.....	Courthouse, Wauson.
Ashland.....	Orange and Third Streets Ashland.	Gallia.....	Courthouse, Gallipolis.
Ashtabula No. 1.....	Federal Building, Ashtabula.	Geauga.....	Courthouse, Chardon.
Ashtabula No. 2.....	Grand Juror's Rooms, Jefferson.	Greene.....	Courthouse, Xenia.
Athens.....	18 East Washington Street, Athens.	Guernsey.....	Cambridge.
Auglaize.....	Courthouse, Wapakoneta.	Hamilton No. 1.....	City Hall, Norwood.
Belmont No. 1.....	Courthouse, Martin's Ferry.	Hamilton No. 2.....	Northwest corner Third and Walnut Streets, Cincinnati.
Belmont No. 2.....	City Building, Bellaire.	Hancock.....	Municipal Building, Findlay.
Belmont No. 3.....	349 West Main Street, St. Clairsville.	Hardin.....	Kenton.
Brown.....	Georgetown.	Harrison.....	Cadiz.
Butler.....	Y. M. C. A. Building, Middle- town.	Henry.....	Courthouse, Napoleon.
Carroll.....	Public Square, Carrollton.	Highland.....	Bell Building, Hillato.
Champaign.....	Urbana.	Hocking.....	Market Street, Logan.
Clark.....	Springfield.	Holmes.....	Millersburg.
Clermont.....	Batavia.	Huron.....	Courthouse, Norwalk.
Clinton.....	Wilmington.	Jackson.....	213 1/2 Broadway, Jackson.
Columbiana No. 1.....	City Hall, Wellsville.	Jefferson No. 1.....	Courthouse, Steubenville.
Columbiana No. 2.....	Chamber of Commerce, Salem.	Jefferson No. 2.....	Do.
Coshocton.....	111 North Sixth Street, Co- shocton.	Knox.....	Struble Building, Mount Vernon.
Crawford.....	Courthouse, Bucyrus.	La're.....	Courthouse, Painesville.
Cuyahoga No. 1.....	Lakewood.	Lawrence.....	Fourth and Center Streets, Ironton.
Cuyahoga No. 2.....	Town Hall, Cleveland Heights.	Licking.....	Municipal Building, Gran- ville.
Darke.....	Courthouse, Greenville.	Logan.....	Bellefontaine.
Defiance.....	207 Clinton Street, Defiance.	Lorain.....	Room 902, Lorain County Bank Building, Elyria.
Delaware.....	Delaware.	Lucas.....	624 Segur Avenue, Toledo.
Erie.....	Courthouse, Sandusky.	Madison.....	Courthouse, London.
Fairfield.....	West Main Street, Lancaster.	Mahoning.....	Fourth Floor, Courthouse, Youngstown.
Fayette.....	Pavey Building, Washington Court House.	Marion.....	131 1/2 West Center Street, Marion.
		Medina.....	Wadsworth.

OHIO—Continued:
COUNTIES—Continued.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Meigs.....	Courthouse, Pomeroy.	Sandusky.....	Elks Block, Fremont.
Mercer.....	Courthouse, Celina.	Scioto.....	Portsmouth.
Miami.....	City Building, Troy.	Seneca.....	Courthouse, Tiffin.
Monroe.....	Monroe Bank Building, Woodfield.	Shelby.....	Courthouse, Sidney.
Montgomery.....	Room 208, Federal Building, Dayton.	Stark No. 1.....	City Hall, Massillon.
Morgan.....	McConnelsville.	Stark No. 2.....	Room 9, City Hall, Alliance.
Morrow.....	Courthouse, Mount Gilead.	Summit.....	Courthouse, Akron.
Muskingum.....	Courthouse, Zanesville.	Trumbull No. 1.....	Courthouse, Warren.
Noble.....	I. O. O. F. Building, Cald- well.	Trumbull No. 2.....	16 East Park Avenue, Niles.
Ottawa.....	Port Clinton.	Tuscarawas No. 1.....	Courthouse, New Phila- delphia.
Paulding.....	Port Clinton.	Tuscarawas No. 2.....	105 1/2 South Water Street, Orichsville.
Perry.....	Citizen's State Bank Build- ing, Somerset.	Union.....	127 1/2 West Fifth Street, Marysville.
Pickaway.....	Courthouse, Circleville.	Van Wert.....	Van Wert.
Pike.....	Waverly.	Vinton.....	McArthur.
Portage.....	111 East Main Street, Ra- venna.	Warren.....	City Building, Lebanon.
Preble.....	Office of H. R. Gilmore, Eaton.	Washington.....	Courthouse, Marietta.
Putnam.....	Ottawa.	Wayne.....	Courthouse, Wooster.
Richland.....	Courthouse, Mansfield.	Williams.....	Courthouse, Bryan.
Ross.....	Room 5, Federal Building, Chillicothe.	Wood.....	129 Court Street, Bowling Green.
		Wyandot.....	Upper Sandusky.

CITIES.

AKRON.

Local Board for Division No. 1
Local Board for Division No. 2
Local Board for Division No. 3 Courthouse, Akron.
Local Board for Division No. 4
Local Board for Division No. 5

CANTON.

Local Board for Division No. 1, Courthouse, Canton.
Local Board for Division No. 2, Council Chambers, City Hall Building.

CINCINNATI.

Local Board for Division No. 1, Northwest corner Sixth and Main Streets.
Local Board for Division No. 2, Room 205, Turner Building, 2453 Gilbert Avenue.
Local Board for Division No. 3, Room 223 Government Building.
Local Board for Division No. 4, Shelter House, Inwood Park, Vine and Hollmer Streets.
Local Board for Division No. 5, 3223 Locust Avenue.
Local Board for Division No. 6, Sands Public School, Lopez and Fifth Streets.
Local Board for Division No. 7, First National Bank Building, Southeast corner Fourth and Walnut
Streets, Baker Court Entrance.
Local Board for Division No. 8, 431 Harriet Street.
Local Board for Division No. 9, Eighth and Hibernia Avenue.
Local Board for Division No. 10, Cumminsville Branch Library.

CLEVELAND.

Local Board for Division No. 1, Central Armory.
Local Board for Division No. 2, New Courthouse.
Local Board for Division No. 3, Central Armory.
Local Board for Division No. 4, 2507 Archwood Avenue.
Local Board for Division No. 5, Old Courthouse.
Local Board for Division No. 6, 3200 Franklin Avenue.
Local Board for Division No. 7
Local Board for Division No. 8 Central Armory.
Local Board for Division No. 9
Local Board for Division No. 10
Local Board for Division No. 11, Broadway Y. M. C. A.
Local Board for Division No. 12, 2530 East Eighth Street.
Local Board for Division No. 13, 7706 Woodland Avenue.
Local Board for Division No. 14
Local Board for Division No. 15 Central Armory.
Local Board for Division No. 16
Local Board for Division No. 17, Dean School Building.
Local Board for Division No. 18, Central Armory.

OHIO—Continued.**CITIES—Continued.****COLUMBUS.**

Local Board for Division No. 1 }
 Local Board for Division No. 2 } Memorial Hall, Columbus.
 Local Board for Division No. 3 }
 Local Board for Division No. 4 }

DATTON.

Local Board for Division No. 1, 312 Post Office Building.
 Local Board for Division No. 2, Rooms 206-208, Post Office Building.
 Local Board for Division No. 3, 222 Federal Building.

HAMILTON.

Local Board for the city of Hamilton, Y. M. C. A. Building, Hamilton.

LIMA.

Local Board for the city of Lima, Memorial Hall, Lima.

LORAIN.

Local Board for the city of Lorain, 239 Century Building, Lorain.

NEWARK.

Local Board for the city of Newark, Second Floor, Courthouse, Newark.

SPRINGFIELD.

Local Board for the city of Springfield, New County Building, Springfield

TOLEDO.

Local Board for Division No. 1, 130 Empore Arcade.
 Local Board for Division No. 2, 703 Nicholas Building.
 Local Board for Division No. 3, 408 Produce Exchange Building.
 Local Board for Division No. 4, 432-433 Valentine Building.
 Local Board for Division No. 5, 519 Colburn Street.
 Local Board for Division No. 6, 228 Main Street.

YOUNGSTOWN.

Local Board for Division No. 1 }
 Local Board for Division No. 2 } Courthouse.
 Local Board for Division No. 3 }

ZANESVILLE.

Local Board for the city of Zanesville, Zanesville, Ohio.

OKLAHOMA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adair.....	Stillwell.	Latimer.....	Wilburton.
Alfalfa.....	Cherokee.	Le Flore.....	Poteau.
Atoka.....	Atoka.	Lincoln.....	Chandler.
Beaver.....	Beaver.	Logan.....	Guthrie.
Beckham.....	Sayre.	Love.....	Marietta.
Blaine.....	Watonga.	McClain.....	Purcell.
Bryan.....	Durant.	McClain.....	Idabel.
Caddo No. 1.....	Anadarko.	McIntosh.....	Enfauila.
Caddo No. 2.....	Bridgeport.	Major.....	Fairview.
Canadian.....	El Reno.	Marshall.....	Madill.
Carter.....	Ardmore.	Mayes.....	Fryor.
Cherokee.....	Tahlequah.	Murray.....	Sulphur.
Choctaw.....	Hugo.	Muskogee.....	Care of Wm. Harrower, Mus-
Cimarron.....	Bulse City.		kogee.
Cleveland.....	Norman.	Noble.....	Perry.
Coal.....	Coalgate.	Nowata.....	Nowata.
Comanche.....	Lawton.	Oklfuskee.....	Okemah.
Cotton.....	Walter.	Oklahoma No. 1 ¹⁰⁰	City Hall, Oklahoma City.
Craig.....	Vinita.	Oklahoma No. 2 ¹⁰⁰	Choctaw.
Creek No. 1.....	Sapulpa.	Oklmulgee.....	Oklmulgee.
Creek No. 2.....	Bristow.	Osage.....	Pawhuska.
Custer.....	Clinton.	Ottawa.....	Miami.
Delaware.....	Grove.	Pawnee.....	Pawnee.
Dewey.....	Takara.	Payne.....	Stillwater.
Ellis.....	Shattuck.	Pittsburg No. 1.....	McAlester.
Garfield.....	Enid.	Pittsburg No. 2.....	Hartshorne.
Garvin.....	101½ Paul Avenue, Pauls Valley.	Pontotoc.....	Ada.
Grady No. 1 ¹⁰¹	Chickasha.	Pottawatomie.....	Shawnee.
Grady No. 2 ¹⁰¹	Chickasha.	Pushmataha.....	Antlers.
Grant.....	Medford.	Roger Mills.....	Cheyenne.
Greer.....	Mangum.	Rogers.....	Claremore.
Harmon.....	Hollis.	Seminole.....	Seminole.
Harper.....	Buffalo.	Sequoyah.....	Ballisaw.
Haskell.....	Stigler.	Stephens.....	Duncan.
Hughes.....	Holdenville.	Texas.....	Guymon.
Jackson.....	Altus.	Tillman.....	Frederick.
Jefferson.....	Waurika.	Tulsa ¹⁰⁰	Care of J. H. Simmons, Tulsa.
Johnston.....	Tishomingo.	Wagoner.....	Wagoner.
Key.....	Newkirk.	Washington.....	Bartlesville.
Kingfisher.....	Kingfisher.	Washita.....	Cordell.
Kiowa.....	Hobart.	Woods.....	Alva.
		Woodward.....	Woodward.

¹⁰⁰Local Boards No. 1 and 2, Grady County, formerly existing, were consolidated December 1, 1917, into the Local Board for Grady County.

¹⁰⁰Oklahoma County formerly divided into two divisions. Former Local Board No. 2 now designated Local Board for Oklahoma County. Former Local Board No. 1 consolidated with Local Board for Division No. 2, city of Oklahoma City. Changes authorized Jan. 16, 1918.

¹⁰⁰Local Board for city of Tulsa, formerly existing, was consolidated July 2, 1918, with Local Board for county of Tulsa, retaining latter title.

† The foregoing consolidations are as to membership, but separate records are maintained as of original boards.

CITIES.

MUSKOGEE.

Local Board for Division No. 1] Muskogee City, Okla.

Local Board for Division No. 2]

OKLAHOMA CITY.

Local Board for Division No. 1]

Local Board for Division No. 2] Oklahoma City, Okla.

Local Board for Division No. 3]

TULSA.

Local Board for Tulsa City—care of J. H. Simmons, Tulsa. See ¹⁰⁰ above.

OREGON. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Baker.....	Baker.	Lane.....	Eugene.
Benton.....	Corvallis.	Lincoln.....	Toledo.
Clackamas.....	Oregon City.	Linn.....	Albany.
Clatsop.....	Astoria.	Malheur.....	Vale.
Columbia.....	St. Helens.	Marion No. 1.....	Salem.
Coos.....	Coquille.	Marion No. 2.....	Woodburn.
Crook.....	Prineville.	Morrow.....	Heppner.
Curry.....	Gold Beach.	Multnomah.....	325 Courthouse, Portland.
Deschutes.....	Bend.	Polk.....	Dallas.
Douglas.....	Roseburg.	Sherman.....	Moro.
Gilliam.....	Condon.	Tillamook.....	Tillamook.
Grant.....	Canyon City.	Umatilla.....	Clerk's Office, Pendleton.
Harney.....	Burns.	Union.....	La Grande.
Hood River.....	Hood River.	Wallowa.....	Enterprise.
Jackson.....	Jacksonville.	Wasco.....	The Dalles.
Jefferson.....	Madras.	Washington.....	Hillsboro.
Josephine.....	Grants Pass.	Wheeler.....	Fossil.
Klamath.....	Klamath Falls.	Yamhill.....	McMinnville.
Lake.....	Lakeview.		

CITIES.

PORTLAND.

Local Board for Division No. 1, 359 Morgan Building.
Local Board for Division No. 2, 414 Pittock Block.
Local Board for Division No. 3, 405 Corbett Building.
Local Board for Division No. 4, 408 Stevens Building.
Local Board for Division No. 5, 522 Selling Building.

Local Board for Division No. 6, 408 Stevens Building.
Local Board for Division No. 7, Courthouse.
Local Board for Division No. 8, Courthouse.
Local Board for Division No. 9, 408 Stevens Building.
Local Board for Division No. 10, 108½ Jersey Street.

PENNSYLVANIA. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Law Library, Courthouse, Gettysburg.	Allegheny No. 18.....	Borough Hall, Avalon.
Allegheny No. 1.....	Public Safety Building, Coraopolis.	Armstrong No. 1.....	Wick Theater Building, Kittanning.
Allegheny No. 2.....	Municipal Building, Chartiers Avenue, McKeesport.	Armstrong No. 2.....	Courthouse, Kittanning.
Allegheny No. 3.....	Bridgeville.	Beaver No. 1.....	Leaf Building, Rochester.
Allegheny No. 4.....	High School Building, Carnegie.	Beaver No. 2.....	Care of W. H. Boyce, New Brighton.
Allegheny No. 5.....	Municipal Building, Carrick.	Beaver No. 3.....	Municipal Building, Woodlawn.
Allegheny No. 6.....	806 Sarah Street, West Homestead.	Bedford.....	Room 3 Ridenour Block, Bedford.
Allegheny No. 7.....	Municipal Building, Homestead.	Berks No. 1.....	Fleetwood.
Allegheny No. 8.....	City Hall, Duquesne.	Berks No. 2.....	Birdsboro.
Allegheny No. 9.....	Glassport Trust Building, Glassport.	Berks No. 3.....	Wyomissing.
Allegheny No. 10.....	Relief Department Building, W. A. B. Co., Wilmerding.	Blair No. 1.....	324½ Allegheny Street, Hollidaysburg.
Allegheny No. 11.....	711 Linden Avenue, East Pittsburgh.	Blair No. 2.....	Municipal Building, Tyrone.
Allegheny No. 12.....	Room 6, Second Floor, Municipal Building, Braddock.	Bradford No. 1.....	Sheriff's Office, Towanda.
Allegheny No. 13.....	511 Penwood Avenue, Wilkinsburg.	Bradford No. 2.....	Towanda.
Allegheny No. 14.....	Town Hall, Swissvale.	Bucks No. 1.....	Post Office Building, Bristol.
Allegheny No. 15.....	Borough Building, Tarentum.	Bucks No. 2.....	Doylestown.
Allegheny No. 16.....	1027 North Canal Street, Sharpsburg.	Bucks No. 3.....	Perkasie.
Allegheny No. 17.....	Second Ward Public School Building, Howard Street, Millvale.	Butler No. 1.....	County Courthouse, Butler.
		Butler No. 2.....	Courthouse, Butler.
		Butler No. 3.....	Do.
		Cambria No. 1.....	Y. M. C. A. Building, Johnstown.
		Cambria No. 2.....	510 Railroad Street, South Fork.
		Cambria No. 3.....	Ebensburg.
		Cambria No. 4.....	Barnesboro.
		Cameron.....	Emporium.
		Carbon No. 1.....	Room 27 Navigation Building, Mauch Chunk.

PENNSYLVANIA—Continued.

COUNTIES—Continued.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Carbon No. 2.....	178 South First Street, Le- highton.	Luzerne No. 7.....	Shickshinny.
Censter.....	Belleville.	Luzerne No. 8.....	Town Hall, Ashley.
Chester No. 1.....	Wyebrook.	Luzerne No. 9.....	137 State Street, Nanticoke.
Chester No. 2.....	Courthouse, Westchester.	Luzerne No. 10.....	Municipal Building, Free- land.
Chester No. 3.....	Masonic Building, Oxford.	Luzerne No. 11.....	Room 4 City Hall, Hazleton.
Clarion.....	Clarion.	Lycoming No. 1.....	Courthouse, Williamsport.
Clearfield No. 1.....	Murray Building, Clearfield.	Lycoming No. 2.....	Montoursville.
Clearfield No. 2.....	Dubois.	McKean No. 1.....	21 Main Street, Bradford.
Clearfield No. 3.....	Houtsdale.	McKean No. 2.....	Smethport.
Clinton.....	Lock Haven.	Mercer No. 1.....	Mercer.
Columbia No. 1.....	Courthouse, Bloomsburg.	Mercer No. 2.....	Main and Water Streets, Greenville.
Columbia No. 2.....	106A Market Street, Berwick.	Mercer No. 3.....	City Building, Farrell.
Crawford No. 1.....	Titusville.	Midlin.....	Courthouse, Lewistown.
Crawford No. 2.....	Courthouse, Meadville.	Monroe.....	Stroudsburg.
Cumberland No. 1.....	Courthouse, Carlisle.	Montgomery No. 1.....	Merion Title & Trust Build- ing, Ardmore.
Cumberland No. 2.....	Kronenberg Building, Car- lisle.	Montgomery No. 2.....	Willow Grove.
Dauphin No. 1.....	49 Front Street, Steelton.	Montgomery No. 3.....	Room 55 Boyer Arcade, Nor- ristown.
Dauphin No. 2.....	Dauphin Building, Harris- burg.	Montgomery No. 4.....	Tremont House, Lansdale.
Dauphin No. 3.....	Elizabethtown.	Montgomery No. 5.....	Y. M. C. A. Building, Potts- town.
Delaware No. 1.....	Haverford Township Build- ing, Upper Darby Branch.	Montour.....	Courthouse, Danville.
Delaware No. 2.....	Borough Hall, Swarthmore.	Northampton No. 1.....	35 Broadway, Bangor.
Delaware No. 3.....	Borough Hall, Ridley Park.	Northampton No. 2.....	Nazareth.
Delaware No. 4.....	Courthouse, Media.	Northampton No. 3.....	South Bethlehem.
Elk.....	Ridgway.	Northampton No. 4.....	North Catasauqua.
Erie No. 1.....	City Building, Union City.	Northumberland No. 1.....	Milton.
Erie No. 2.....	Culbertson Block, Girard.	Northumberland No. 2.....	Courthouse, Sunbury.
Fayette No. 1.....	Uniontown.	Northumberland No. 3.....	High School Building, Sham- okin.
Fayette No. 2.....	State Armory, Connellsville.	Northumberland No. 4.....	High School Building, Mt. Carmel.
Fayette No. 3.....	51 Market Street, Browns- ville.	Perry.....	New Bloomfield.
Fayette No. 4.....	Devlin Building, Point Ma- rion.	Pike.....	Courthouse, Milford.
Fayette No. 5.....	406 Title & Trust Building, Connellsville.	Potter.....	Coudersport.
Fayette No. 6.....	Welfare Hall, Republic.	Schuylkill No. 1.....	Shenandoah.
Fayette No. 7.....	McClellandtown.	Schuylkill No. 2.....	Mahanoy City.
Forest.....	Tionesta.	Schuylkill No. 3.....	Ashland.
Franklin No. 1.....	Greencastle.	Schuylkill No. 4.....	Schuylkill Haven.
Franklin No. 2.....	Courthouse, Chambersburg.	Schuylkill No. 5.....	Courthouse, Pottsville.
Fulton.....	McConnellsburg.	Schuylkill No. 6.....	Tamaqua.
Greene.....	Waynesburg.	Schuylkill No. 7.....	Minersville.
Huntingdon.....	Courthouse, Huntingdon.	Snyder.....	Courthouse, Middleburg.
Indiana No. 1.....	Indiana.	Somerset No. 1.....	Miller Building, Rockwood.
Indiana No. 2.....	Sheriff's Office, Indiana.	Somerset No. 2.....	Sheriff's Office, Somerset.
Jederson No. 1.....	Brookville.	Sullivan.....	Laporte.
Jederson No. 2.....	Municipal Building, Punx- sutawney.	Susquehanna.....	Montrose.
Juniata.....	Mifflintown.	Tioga.....	Wellsboro.
Lackawanna No. 1.....	Moscow.	Union.....	Lewisburg.
Lackawanna No. 2.....	965 Main Street, Dickson City.	Venango No. 1.....	Courthouse, Franklin.
Lackawanna No. 3.....	Archbald.	Venango No. 2.....	Oil City.
Lackawanna No. 4.....	49 Main Street, Carbondale.	Warren.....	Ora Post Office, Warren.
Lackawanna No. 5.....	Borough Hall, Taylor.	Washington No. 1.....	Courthouse, Washington.
Lancaster No. 1.....	Sheriff's Office, Lancaster.	Washington No. 2.....	McDonald.
Lancaster No. 2.....	Ephrata.	Washington No. 3.....	Public Building, Canons- burg.
Lancaster No. 3.....	Christiana.	Washington No. 4.....	Ellsworth.
Lancaster No. 4.....	39 North Duke Street, Lan- caster.	Washington No. 5.....	Post Office Building, Donora.
Lawrence.....	304 Mercantile Building, Newcastle.	Wayne.....	Honesdale.
Lebanon No. 1.....	Courthouse, Lebanon.	Westmoreland No. 1.....	Courthouse, Greensburg.
Lebanon No. 2.....	North Railroad Street, Ann- ville.	Westmoreland No. 2.....	Irwin.
Lehigh No. 1.....	Courthouse, Allentown.	Westmoreland No. 3.....	New Kensington.
Lehigh No. 2.....	Do.	Westmoreland No. 4.....	Vandergrift.
Luzerne No. 1.....	Old First National Bank Building, Pittston.	Westmoreland No. 5.....	High School Building, La- trobe.
Luzerne No. 2.....	Post Office Building, Pitts- ton.	Westmoreland No. 6.....	Mount Pleasant.
Luzerne No. 3.....	Town Hall, Plains.	Westmoreland No. 7.....	West Newton.
Luzerne No. 4.....	Edward's Hall, Kingston.	Westmoreland No. 8.....	Monessen.
Luzerne No. 5.....	Dallas.	Wyoming.....	Tunkhannock.
Luzerne No. 6.....	State Armory, Plymouth.	York No. 1.....	3 East Market Street, York.
		York No. 2.....	Red Lion.
		York No. 3.....	Rooms 11a and 12 Security Building, York.

PENNSYLVANIA—Continued.

CITIES.

ALLENTOWN.

Local Board for Division No. 1, County Commissioner's Office, Courthouse, Fifth and Hamilton Streets.
Local Board for Division No. 2, New Courthouse, Third Floor.

ALTOONA.

Local Board for Division No. 1, Federal Building, Chestnut and Eleventh Streets.
Local Board for Division No. 2, 832 Twelfth Street.

CHESTER.

Local Board for Division No. 1, City Hall.
Local Board for Division No. 2, City Hall.

EASTON.

Local Board for the city of Easton, City Hall, Easton.

ERIE.

Local Board for Division No. 1, Post Office Building.
Local Board for Division No. 2, 307 Marine Bank Building.
Local Board for Division No. 3, Washington School, Twenty-first and Sassafras Streets.

HARRISBURG.

Local Board for Division No. 1, Room A, Courthouse.
Local Board for Division No. 2, Crescent and Mulberry Streets.
Local Board for Division No. 3, 222 Market Street.

JOHNSTOWN.

Local Board for Division No. 1, 425 Lincoln Street.
Local Board for Division No. 2, Engine House No. 5, Fairfield Avenue.

LANCASTER.

Local Board for Division No. 1, City Hall.
Local Board for Division No. 2, Courthouse.

MCKEESPORT.

Local Board for Division No. 1, 704 Peoples Bank Building.
Local Board for Division No. 2, 704 Peoples Bank Building.

NEW CASTLE.

Local Board for the city of New Castle, City Building, New Castle.

NORRISTOWN.

Local Board for the city of Norristown, City Hall, Norristown.

PHILADELPHIA.

Local Board for Division No. 1, 1507 East Moyamensing Street.
Local Board for Division No. 2, northwest corner Seventh and Carpenter Streets.
Local Board for Division No. 3, Second District Police Station, Second and Queen Streets.
Local Board for Division No. 4, 511 South Broad Street.*
Local Board for Division No. 5, 323 Race Street.
Local Board for Division No. 6, 511 South Broad Street.*
Local Board for Division No. 7, 253 North Fifteenth Street.
Local Board for Division No. 8, 1012 Buttonwood Street.
Local Board for Division No. 9, southeast corner Twentieth and Buttonwood Streets.
Local Board for Division No. 10, 1417 North Front Street.
Local Board for Division No. 11, 615 East Girard Street.
Local Board for Division No. 12, Front and Diamond Streets.
Local Board for Division No. 13, 1429 North Eighth Street.
Local Board for Division No. 14, 4215 Manayunk Avenue.
Local Board for Division No. 15, Police Station High and Avenue and Shawnee Streets, Chestnut Hill.
Local Board for Division No. 16, 43 West Haines Street, Germantown.
Local Board for Division No. 17, 25 West Pennsylvania Street, Germantown.
Local Board for Division No. 18, Fifteenth District Police Station, Paul and Ruan Streets.
Local Board for Division No. 19, Thirty-ninth and Lancaster Avenue.
Local Board for Division No. 20, Thirty-ninth and Spring Garden Streets.
Local Board for Division No. 21, Twenty-fourth District Police Station, Belgrade and Clearfield Streets.
Local Board for Division No. 22, northwest corner Fifteenth Street and Snyder Avenue.
Local Board for Division No. 23, 3214 Woodland Avenue.
Local Board for Division No. 24, 1428 West Dauphin Street.
Local Board for Division No. 25, Thirty-first District Police Station Twenty-sixth and York Streets.
Local Board for Division No. 26, Twenty-eighth and Oxford Streets.
Local Board for Division No. 27, 1923 Fitzwater Street.
Local Board for Division No. 28, Parish House East Cumberland and Collins Streets.
Local Board for Division No. 29, 1800 North Twentieth Street.
Local Board for Division No. 30, 539 East Allegheny Avenue.

* The territorial area formerly under jurisdictions of Local Boards Nos. 4 and 6, Philadelphia, is now under jurisdiction of Local Board No. 6, Philadelphia: the territorial area having been consolidated under Local Board No. 6, Philadelphia, July 8, 1918. Separate records are maintained as to registrants prior to July 8, 1918.

PENNSYLVANIA—Continued.

CITIES—Continued.

PHILADELPHIA—continued.

Local Board for Division No. 31, Bonderot School, D Street and Indiana Avenue.
 Local Board for Division No. 32, 1145 North Sixty-third Street.
 Local Board for Division No. 33, southeast corner Sixtieth and Market Streets, Second Floor.
 Local Board for Division No. 34, Longshore and State Road, Taccony.
 Local Board for Division No. 35, 1210 South Twentieth Street.
 Local Board for Division No. 36, Twenty-second District Police Station, Park and Lehigh Avenues.
 Local Board for Division No. 37, Twenty-second and Hunting Park Avenue.
 Local Board for Division No. 38, Twenty-second and Hunting Park Avenue.
 Local Board for Division No. 39, southwest corner Fourth Street and Snyder Avenue.
 Local Board for Division No. 40, southwest corner Fourth Street and Snyder Avenue.
 Local Board for Division No. 41, Fiftieth Street and Chester Avenue.
 Local Board for Division No. 42, Sixty-fifth and Woodlawn Avenue.
 Local Board for Division No. 43, York Road and Nedro Street.
 Local Board for Division No. 44, 3907 Germantown Avenue.
 Local Board for Division No. 45, 3447 Germantown Avenue.
 Local Board for Division No. 46, Forty-eighth Street and Wyalusing Avenue.
 Local Board for Division No. 47, Richmond and Kirkland Streets.
 Local Board for Division No. 48, Fifty-seventh and Spruce Streets.
 Local Board for Division No. 49, Fifty-fifth and Pine Streets.
 Local Board for Division No. 50, Nineteenth and Oxford Streets.
 Local Board for Division No. 51, Stephen Girard School, Eighteenth and Snyder Avenue.

PITTSBURGH.

Local Board for Division No. 1, 515 Smithfield Street.
 Local Board for Division No. 2, 1901 Fifth Avenue.
 Local Board for Division No. 3, 515 Smithfield Street.
 Local Board for Division No. 4, Centre Avenue and Morgan Street.
 Local Board for Division No. 5, 5 McKee School, Ligondier Street.
 Local Board for Division No. 6, Flmer and Ivy Streets.
 Local Board for Division No. 7, 227 Forty-third Street.
 Local Board for Division No. 8, Peabody High School, Margaretta Street.
 Local Board for Division No. 9, 423 Frankstown Avenue.
 Local Board for Division No. 10, Carnegie Library, Hamilton and Long Avenues.
 Local Board for Division No. 11, 5670 Northumberland Street.
 Local Board for Division No. 12, Hazlewood Avenue and Lytle Street.
 Local Board for Division No. 13, corner Warrington and Estella Avenue.
 Local Board for Division No. 14, 49 South Fourteenth Street.
 Local Board for Division No. 15, Prospect Street School.
 Local Board for Division No. 16, corner Crucible and Lorenze Avenues.
 Local Board for Division No. 17, corner Chateau and Junecata Streets.
 Local Board for Division No. 18, Allegheny High School, Arch Street, north side.
 Local Board for Division No. 19, Latimer High School.
 Local Board for Division No. 20, City Hall, Federal and Ohio Streets, north side.
 Local Board for Division No. 21, Eugene Co., 85 Orchlee Street.

READING.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, 603 Beer Building.
 Local Board for Division No. 3, 25 North Eleventh Street.
 Local Board for Division No. 4, 24 North Sixth Street.

SCRANTON.

Local Board for Division No. 1, Auditorium, 1821 North Main Avenue.
 Local Board for Division No. 2, 1128 Jackson Street.
 Local Board for Division No. 3, corner South Main and Hampton Streets.
 Local Board for Division No. 4, 414 Cedar Avenue.
 Local Board for Division No. 5, 909 Mears Building.

WILKES-BARRE.

Local Board for Division No. 1 } City Hall.
 Local Board for Division No. 2 }
 Local Board for Division No. 3 }

WILLIAMSPORT.

Local Board for City of Williamsport, City Hall.

YORK.

Local Board for Division No. 1, City Hall.
 Local Board for Division No. 2, 25 South Duke Street.

RHODE ISLAND.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Saunderstown No. 1.	Town Hall, East Greenwich.	Barrington No. 5....	Town Hall, East Providence.
Apponaug No. 2.....	Town Hall, Apponaug.	Bristol No. 6.....	Federal Building, Bristol.
Burrillville No. 3.....	Pocasset Club, Thornton.	Central Falls No. 7..	City Hall, Central Falls.
Lonsdale No. 4.....	Town Hall, Centerville.	Cranston No. 8.....	City Hall, Cranston.

CITIES.

NEWPORT.

Local Board for the city of Newport, City Hall, Newport.

PAWTUCKET.

Local Board for Division No. 1, Room 208, Masonic Temple Building.
Local Board for Division No. 2, 281 Main Street.

PROVIDENCE.

Local Board for Division No. 1, Room 15, State House.
Local Board for Division No. 2, Room 8A, State House.
Local Board for Division No. 3, 108 Smith Street.
Local Board for Division No. 4, Court Room, Central Police Station.
Local Board for Division No. 5, Court Room, Central Police Station.
Local Board for Division No. 6, Seventh Police Station, Potter Avenue.
Local Board for Division No. 7, 205 Benefit Street.
Local Board for Division No. 8, 275 Plainfield Street.
Local Board for Division No. 9, 1124 Westminster Street.
Local Board for Division No. 10, 108 Smith Street.

WOONSOCKET.

Local Board for the city of Woonsocket, City Hall, Woonsocket.

SOUTH CAROLINA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Abbeville.....	Abbeville.	Hampton.....	Hampton.
Aiken.....	Aiken.	Horry.....	Conway.
Anderson, No. 1.....	Anderson.	Jasper.....	Ridgeland.
Anderson, No. 2.....	Williamston.	Kershaw.....	Canden.
Anderson, No. 3.....	Hones Path.	Lancaster.....	Lancaster.
Bamberg.....	Bamberg.	Laurens.....	Laurens.
Barnwell.....	Barnwell.	Lee.....	Bishopville.
Beaufort.....	Beaufort.	Lexington.....	Lexington.
Berkeley.....	Moncks Corner.	McCormick.....	McCormick.
Calhoun.....	St. Matthews.	Marion.....	Marion.
Charleston.....	Vendue Range, Charleston.	Marlboro.....	Bennettsville.
Cherokee.....	Gaffney.	Newberry.....	Newberry.
Chester.....	Chester.	Oconee.....	Walhalla.
Chesterfield.....	Cheraw.	Orangeburg, No. 1..	Orangeburg.
Clarendon.....	Manning.	Orangeburg, No. 2..	Ellenore.
Colleton.....	Walterboro.	Pickens.....	Pickens.
Darlington.....	Darlington.	Richland.....	1211½ Washington Street, Columbia.
Dillon.....	Dillon.		
Dorchester.....	St. George.	Saluda.....	Saluda.
Edgefield.....	Edgefield.	Spartanburg, No. 1..	Spartanburg.
Fairfield.....	Winnsboro.	Spartanburg, No. 2..	Do.
Florence.....	Florence.	Spartanburg, No. 3..	Do.
Georgetown.....	Georgetown.	Sumter.....	Sumter.
Greenville, No. 1.....	Travelers Rest.	Union.....	Union.
Greenville, No. 2.....	Box 973, Greenville.	Williamsburg.....	Kingstree.
Greenville, No. 3.....	Box 594, Greenville.	York, No. 1.....	Rock Hill.
Greenwood.....	Greenwood.	York, No. 2.....	York.

CITIES.

CHARLESTON.

Local Board for Division No. 1, Broad Street.
Local Board for Division No. 2, 16 Lucas Street.

COLUMBIA.

Local Board for the city of Columbia, City Hall, Columbia.

SOUTH DAKOTA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Aurora.....	Plankinton.	Hyde.....	Highmore.
Beadle.....	Huron.	Jackson.....	Kadoka.
Bennett.....	Courthouse, Martin.	Jerauld.....	Wessington Springs.
Bon Homme.....	Tyndall.	Jones.....	Murdo.
Brookings.....	Brookings.	Kingsbury.....	De Smet.
Brown.....	Aberdeen.	Lake.....	Courthouse, Madison.
Brule.....	Chamberlin.	Lawrence.....	Deadwood.
Buffalo.....	Gann Valley.	Lincoln.....	Canton.
Butte.....	Belle Fourche.	Lyman.....	Oacoma.
Campbell.....	Pollock.	McCook.....	Salem.
Charles Mix.....	Lake Andes.	McPherson.....	Leola.
Clark.....	Clark.	Marshall.....	Britton.
Clay.....	Vermillion.	Meade.....	Sturgis.
Coddington.....	Watertown.	Mellette.....	White River.
Corson.....	McIntosh.	Miner.....	Howard.
Custer.....	Custer.	Minnehaha.....	Sioux Falls.
Davison.....	Mitchell.	Moody.....	Flandreau.
Day.....	Webster.	Pennington.....	Rapid City.
Deuel.....	Clear Lake.	Perkins.....	Bison.
Dewey.....	Timber Lake.	Potter.....	Gettysburg.
Douglas.....	Armour.	Roberts.....	Sisseton.
Edmunds.....	Courthouse, Ipswich.	Sanborn.....	Woonsocket.
Fall River.....	Hot Springs.	Spink.....	Redfield.
Faulk.....	Faulkton.	Stanley.....	Fort Pierre.
Grant.....	Milbank.	Sully.....	Onida.
Gregory.....	Bonesteel.	Todd.....	Rosebud Agency.
Haakon.....	Philip.	Tripp.....	Winnier.
Hamlin.....	Haydt.	Turner.....	Parker.
Hand.....	Miller.	Union.....	Elk Point.
Hanson.....	Alexandria.	Walworth.....	Selby.
Harding.....	Buffalo.	Yankton.....	Yankton.
Hughes.....	Pierre.	Ziebach.....	Dupree.
Hutchinson.....	Parkston.		

TENNESSEE.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Anderson.....	Clinton.	Grundy.....	Tracy City.
Bedford.....	Shelbyville.	Hamilton No. 1.....	North Chattanooga.
Benton.....	Camden.	Hamilton No. 2.....	1115 Hamilton National Bank Building, Chattanooga.
Bledsoe.....	Pikeville.	Hamblen.....	Morristown.
Blount.....	Maryville.	Hancock.....	Sneedville.
Bradley.....	Cleveland.	Hardeman.....	Bolivar.
Campbell.....	Jacksboro.	Hardin.....	Savannah.
Cannon.....	Woodbury.	Hawkins.....	Rogersville.
Carroll.....	Huntingdon.	Haywood.....	Brownsville.
Carter.....	Elizabethton.	Henderson.....	Lexington.
Cheatham.....	Ashland City.	Henry.....	Paris.
Chester.....	Henderson.	Hickman.....	Centerville.
Cherokee.....	Tazewell.	Houston.....	Erin.
Clay.....	Celina.	Humphreys.....	Waverly.
Cocks.....	Newport.	Jackson.....	Gainesboro.
Coffee.....	Manchester.	James.....	Birchwood.
Crockett.....	Alamo.	Jefferson.....	Jefferson City.
Cumberland.....	Crossville.	Johnson.....	Mountain City.
Davison No. 1.....	American National Bank Building, Nashville.	Knox No. 1.....	Knoxville.
Davison No. 2.....	606 Church Street, Nashville.	Knox No. 2.....	Knoxville.
Decatur.....	Decaturville.	Lake.....	Tiptonville.
Dekalb.....	Smithville.	Lauderdale.....	Ripley.
Dickson.....	Dickson.	Lawrence.....	Lawrenceburg.
Dyer.....	Dyersburg.	Lewis.....	Hohenwald.
Fayette.....	Somerville.	Lincoln.....	Fayetteville.
Fentress.....	Jamestown.	Loudon.....	Loudon.
Franklin.....	Winchester.	McMinn.....	Athens.
Garson.....	Trenton.	McNairy.....	Selmer.
Giles.....	Pulaski.	Macon.....	Lafayette.
Granger.....	Rutledge.	Madison.....	Jackson.
Greene.....	Greenville.	Marion.....	South Pittsburg.

TENNESSEE—Continued.

COUNTIES—Continued.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Marshall.....	Lewisburg.	Sevier.....	Sevierville.
Maury.....	Columbia.	Shelby No. 1.....	Memphis.
Meigs.....	Decatur.	Shelby No. 2.....	Binghampton.
Monroe.....	Madisonville.	Smith.....	Carthage.
Montgomery.....	Clarksville.	Stewart.....	Dover.
Moore.....	Lynchburg.	Sullivan.....	Bristol.
Morgan.....	Oakdale.	Sumner.....	Gallatin.
Obion.....	Union City.	Tipton.....	Covington.
Overton.....	Livingston.	Trousdale.....	Hartsville.
Perry.....	Linden.	Unicoi.....	Irwins.
Pickett.....	Rydston.	Union.....	Maynardville.
Polk.....	Benton.	Van Buren.....	Spencer.
Putnam.....	Cookeville.	Warren.....	McMinnville.
Rhea.....	Darton.	Washington.....	Johnson City.
Roane.....	Harriman.	Wayne.....	Waynesboro.
Robertson.....	Springfield.	Weakley.....	Draden.
Rutherford.....	Murfreesboro.	White.....	Sparta.
Scott.....	Huntsville.	Williamson.....	Franklin.
Sequatchie.....	Dunlap.	Wilson.....	Lebanon.

CITIES.

CHATTANOOGA.

Local Board for Division No. 1, 303 Times Building.

Local Board for Division No. 2, Hamilton National Bank Building.

KNOXVILLE.

Local Board for Division No. 1, 210 Federal Building.

Local Board for Division No. 2, Federal Building.

MEMPHIS.

Local Board for Division No. 1, 218 East McLemore Avenue.

Local Board for Division No. 2, Room 6 Police Station.

Local Board for Division No. 3, Central Police Station.

Local Board for Division No. 4, 64 South Second Street.

Local Board for Division No. 5, Police Station.

NASHVILLE.

Local Board for Division No. 1, 818 Stahlman Building.

Local Board for Division No. 2, 40 Noel Block.

Local Board for Division No. 3, 301 Hitchcock.

Local Board for Division No. 4, Eve Building.

TEXAS.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Anderson.....	Palestine.	Bowie.....	Texarkana.
Andrews.....	Andrews.	Brazoria.....	Angleton.
Angelina.....	Lufkin.	Brazos.....	Bryan.
Aransas.....	Rockport.	Brewster.....	Alpine.
Archer.....	Archer City.	Briscoe.....	Silverton.
Armstrong.....	Claude.	Brooks.....	Falfurrias.
Atascosa.....	Pleasanton.	Brown.....	Brownwood.
Austin.....	Bellville.	Burleson.....	Caldwell.
Bandera.....	Bandera.	Burnet.....	Burnet.
Bastrop.....	Bastrop.	Caldwell.....	Lockhart.
Baylor.....	Seymour.	Callahan.....	Port Lavaca.
Bee.....	Beeville.	Callahan.....	Baird.
Bell No. 1.....	Belton.	Cameron.....	Brownsville.
Bell No. 2.....	Temple.	Camp.....	Pittsburg.
Bexar.....	San Antonio.	Carson.....	Panhandle.
Blanco.....	Johnson City.	Cass.....	Linden.
Borden.....	Gall.	Castro.....	Dimmit.
Bosque.....	Clifton.	Chambers.....	Mont Bellview.

TEXAS—Continued.

COUNTIES—Continued.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Cherokee.....	Rusk.	Houston.....	Crockett.
Childress.....	Childress.	Howard.....	Big Springs.
Clay.....	Henrietta.	Hudspeth.....	Sierra Blanca.
Coke.....	Robert Lee.	Hunt No. 1.....	Greenville.
Coleman.....	Coleman.	Hunt No. 2.....	Wolfe City.
Collin No. 1.....	McKinney.	Hutchinson.....	Plemons.
Collin No. 2.....	Farmersville.	Irion.....	Mertson.
Collingsworth.....	Wellington.	Jack.....	Jackboro.
Colorado.....	Columbus.	Jackson.....	Edna.
Comal.....	New Braunfels.	Jasper.....	Jasper.
Comanche.....	Comanche.	Jeff Davis.....	Fort Davis.
Concho.....	Paint Rock.	Jefferson No. 1.....	Beaumont.
Cooke.....	Gainesville.	Jefferson No. 2.....	Port Arthur.
Coryell.....	Gatesville.	Jim Hogg.....	Hebbronville.
Cottle.....	Paducah.	Jim Wells.....	Allice.
Crockett.....	Ozona.	Johnson.....	Cleburne.
Crosby.....	Ralls.	Jones.....	Anson.
Culberson.....	Van Horn.	Karnes.....	Kennedy.
Dallam.....	Dalhart.	Kaufman.....	Terrell.
Dallas.....	Carrollton.	Kendall.....	Boerne.
Dawson.....	Lamesa.	Kent.....	Claremont.
Dea Smith.....	Hereford.	Kerr.....	Kerrville.
Delta.....	Cooper.	Kimble.....	Junction.
Denton.....	Denton.	King.....	Guthrie.
De Witt.....	Cuero.	Kinney.....	Brackettsville.
Dickens.....	Spur.	Kleberg.....	Kingsville.
Dimmit.....	Carrizo Springs.	Knox.....	Benjamin.
Donley.....	Clarendon.	Lamar No. 1.....	Paris.
Duval.....	San Diego.	Lamar No. 2.....	Courthouse, Paris.
Eastland.....	Eastland.	Lamb.....	Olton.
Ector.....	Odessa.	Lampasas.....	Lampasas.
Edwards.....	Rock Springs.	La Salle.....	Cotulla.
Ellis No. 1.....	Waxahachie.	Lavaca.....	Hallettsville.
Ellis No. 2.....	Ennis.	Lee.....	Giddings.
El Paso.....	El Paso.	Leon.....	Marques.
Erath.....	Stephenville.	Liberty.....	Liberty.
Falk.....	Marlin.	Limestone.....	Groesbeck.
Fannin.....	Bonham.	Lipscomb.....	Lipscomb.
Fayette.....	Lagrange.	Live Oak.....	Oakville.
Fiber.....	Roby.	Llano.....	Llano.
Floyd.....	Floydada.	Lubbock.....	Lubbock.
Foard.....	Crowell.	Lynn.....	Tahoka.
Fort Bend.....	Richmond.	McCulloch.....	Brady.
Franklin.....	Mount Vernon.	McLennan No. 1.....	West.
Freesboro.....	Fairfield.	McLennan No. 2.....	Moody.
Frio.....	Pearsall.	McMullen.....	Tilden.
Gaines.....	Seminole.	Madison.....	Madisonville.
Galveston.....	Texas City.	Marion.....	Jefferson.
Gara.....	Post City.	Martin.....	Stanton.
Gillespie.....	Fredericksburg.	Mason.....	Mason.
Glasscock.....	Garden City.	Matagorda.....	Bay City.
Goliad.....	Goliad.	Maverick.....	Eagle Pass.
Gonzales.....	Gonzales.	Medina.....	Hondo.
Gray.....	Lefors.	Menard.....	Menard.
Grayson No. 1.....	Sherman.	Midland.....	Midland.
Grayson No. 2.....	Dennison.	Milan.....	Cameron.
Gregg.....	Longview.	Mills.....	Goldthwaite.
Grimes.....	Navasota.	Mitchell.....	Colorado City.
Groesbeke.....	Seguin.	Montague.....	Bowie.
Hale.....	Plainview.	Montgomery.....	Conroe.
Hall.....	Memphis.	Moore.....	Dumas.
Hamilton.....	Hamilton.	Morris.....	Datnagerfield.
Hansford.....	Hansford.	Motley.....	Matador.
Hardeman.....	Quanah.	Nacogdoches.....	Nacogdoches.
Hardin.....	Kountze.	Navarro No. 1.....	Corsicana.
Harris.....	1012 Union National Bank Building, Houston.	Navarro No. 2.....	Blooming Grove.
Harrison.....	Marshall.	Newton.....	Newton.
Hartley.....	Channing.	Nolan.....	Sweetwater.
Haskell.....	Haskell.	Nueces.....	Corpus Christi.
Hays.....	San Marcos.	Ochiltree.....	Ochiltree.
Hemphill.....	Canadian.	Oldham.....	Vega.
Henderson.....	Athens.	Orange.....	Orange.
Hidalgo.....	Edinburg.	Palo Pinto.....	Mineral Wells.
Hill No. 1.....	Hillsboro.	Panola.....	Carthage.
Hill No. 2.....	Itasca.	Parker.....	Weatherford.
Hood.....	Granburg.	Parmer.....	Farwell.
Hopkins.....	Sulphur Springs.	Pecos.....	Fort Stockton.
		Polk.....	Livingston.

TEXAS—Continued.

COUNTIES—Continued.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Potter.....	Amarillo.	Terrell.....	Sanderson.
Presidio.....	Marfa.	Terry.....	Brownfield.
Raines.....	Emory.	Throckmorton.....	Throckmorton.
Randall.....	Canyon City.	Titus.....	Mount Pleasant.
Reagan.....	Big Lake.	Tom Green.....	San Angelo.
Real.....	Leakey.	Travis.....	Austin.
Red River.....	Clarksville.	Trinity.....	Groveton.
Reeves.....	Pecos.	Tyler.....	Woodville.
Refugio.....	Refugio.	Upshur.....	Gilmer.
Roberts.....	Courthouse, Miami.	Upton.....	Rankin.
Robertson.....	Franklin.	Uvalde.....	Uvalde.
Rockwall.....	Rockwall.	Val Verde.....	Del Rio.
Runnels.....	Ballinger.	Van Zandt.....	Wills Point.
Rusk.....	Henderson.	Victoria.....	Victoria.
Sabine.....	Hemp Hill.	Walker.....	Huntsville.
San Augustine.....	San Augustine.	Waller.....	Hempstead.
San Jacinto.....	Cold Springs.	Ward.....	Borstow.
San Patricio.....	Stanton.	Washington.....	Brenham.
San Saba.....	San Saba.	Webb.....	Laredo.
Schleicher.....	El Dorado.	Wharton.....	Wharton.
Scurry.....	Snyder.	Wheeler.....	Wheeler.
Shackelford.....	Albany.	Wichita.....	Wichita Falls.
Shelby.....	Center.	Wilbarger.....	Vernon.
Sherman.....	Stratford.	Willacy.....	Sarita.
Smith.....	Tyler.	Williamson No. 1*.....	Taylor.
Somervell.....	Glen Rose.	Williamson No. 2.....	Georgetown.
Starr.....	Rio Grande City.	Wilson.....	Florsville.
Stephens.....	Breckenridge.	Winkler.....	Kermit.
Sterling.....	Sterling City.	Wise.....	Decatur.
Stonewall.....	Aspermont.	Wood.....	Winnboro.
Sutton.....	Sonora.	Yoakum.....	Phins.
Swisher.....	Tulla.	Young.....	Graham.
Tarrant.....	Courthouse, Fort Worth.	Zavalla.....	Crystal City.
Taylor.....	Ablilene.	Zapata.....	Zapata.

*Local Board for Williamson County divided into Local Boards Nos. 1 and 2, October 1, 1911

CITIES.

AUSTIN.

Local Board for the city of Austin, Anstin, Tex.

DALLAS.

Local Board for Division No. 1, Second Floor, Junita Building.
Local Board for Division No. 2, 322 Slaughter Building.
Local Board for Division No. 3, Park and Bryan Streets.
Local Board for Division No. 4, 214 Linz Building.

EL PASO.

Local Board for Division No. 1, El Paso, Tex.
Local Board for Division No. 2, El Paso, Tex.

FORT WORTH.

Local Board for Division No. 1, Stockyard's Station.
Local Board for Division No. 2, Room 20 Post Office Building.
Local Board for Division No. 3, City Hall.
Local Board for Division No. 4, 104½ East Third Street.

GALVESTON.

Local Board for the city of Galveston, Municipal Building, Galveston.

HOUSTON.

Local Board for Division No. 1, 201 Main Street.
Local Board for Division No. 2, Lornine Street.
Local Board for Division No. 3, 507 Stewart Building.
Local Board for Division No. 4, 1204 Union National Bank Building.

SAN ANTONIO.

Local Board for Division No. 1, San Antonio, Tex.
Local Board for Division No. 2, 619 Bealel Building.
Local Board for Division No. 3, 429 Gunter Building.
Local Board for Division No. 4, City Hall.

WACO.

Local Board for the city of Waco, Federal Building, Waco.

UTAH. COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Beaver.....	Beaver.	Rich.....	Randolph.
Box Elder.....	Brigham.	Salt Lake No. 1.....	Garfield Club, Garfield.
Cache.....	Logan.	Salt Lake No. 2.....	Hillcrest High School, Mur-
Carbon.....	Price.		ray.
Davis.....	Farmington.	San Juan.....	Monticello.
Duchesne.....	Duchesne.	Sanpete.....	Manti.
Emery.....	Castledale.	Sevier.....	Richfield.
Garfield.....	Panguitch.	Summit.....	Park City.
Grand.....	Mojab.	Tonele.....	Tooele.
Iron.....	Cedar City.	Uinta.....	Vernal.
Juab.....	Nephi.	Utah.....	Provo.
Kane.....	Kanab.	Wasatch.....	Heber.
Millard.....	Fillmore.	Washington.....	St. George.
Morgan.....	Morgan.	Wayne.....	Lon.
Plato.....	Junction.	Weber.....	Courthouse, Ogden.

CITIES.

OGDEN.

Local Board for the city of Ogden, Ogden, Utah.

SALT LAKE CITY.

Local Board for Division No. 1, Room 300 Capitol Building.
Local Board for Division No. 2, Room 327 Capitol Building.
Local Board for Division No. 3, Room 308 Capitol Building.
Local Board for Division No. 4, State Capitol Building.

VERMONT.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adison.....	Middlebury.	Orange.....	Chelsoo.
Bennington.....	Bennington.	Orleans.....	Newport.
Calais.....	St. Johnsbury.	Rutland No. 1.....	Rutland.
Chittenden.....	Burlington.	Rutland No. 2.....	Fair Haven.
Essex.....	Island Pond.	Washington.....	Montpelier.
Franklin.....	St. Albans.	Windham.....	Brimbleboro.
Grand Isle.....	North Hero.	Windsor.....	White River Junction.
Lamoille.....	Hyde Park.		

VIRGINIA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Accomac.....	Accomac.	Lee.....	Jonesville.
Albemarle.....	Charlottesville.	Loudoun.....	Leesburg.
Alexandria.....	Alexandria.	Louisa.....	Louisa.
Alleghany.....	Covington.	Lunenburg.....	Lunenburg.
Amelia.....	Amelia.	Madison.....	Courthouse, Madison.
Amherst.....	Amherst.	Mathews.....	Mathews.
Appomattox.....	Appomattox.	Mecklenburg.....	Boydton.
Augusta.....	Staunton.	Middlesex.....	Saluda.
Bath.....	Hot Springs.	Montgomery.....	Christiansburg.
Bedford.....	Bedford City.	Nansemond.....	Suffolk.
Bland.....	Bland.	Nelson.....	Lovington.
Botetourt.....	Fincastle.	New Kent.....	New Kent.
Brunswick.....	Lawrenceville.	Norfolk.....	1118 Bank of Commerce Building, Portsmouth.
Buchanan.....	Grundy.	Northampton.....	Eastville.
Buckingham.....	Buckingham.	Norfolk.....	Heathsville.
Campbell.....	Rustburg.	Nottoway.....	Nottoway.
Caroline.....	Bowling Green.	Orange.....	Orange.
Carroll.....	Hillsville.	Page.....	Luray.
Charles City.....	Courthouse, Charles City.	Patrick.....	Stuart.
Charlotte.....	Charlotte Court House.	Pittsylvania No. 1.....	Chatham.
Chesterfield.....	Centralla.	Pittsylvania No. 2.....	Danville.
Clarke.....	Berryville.	Powhatan.....	Courthouse, Powhatan.
Craig.....	New Castle.	Prince Edward.....	Farmville.
Culpeper.....	Culpeper.	Prince George.....	Hopewell.
Cumberland.....	Courthouse, Cumberland.	Princess Anne.....	Courthouse, Princess Anne.
Dickenson.....	Clintwood.	Prince William.....	Manassas.
Dinwiddie.....	Petersburg.	Pulaski.....	Pulaski.
Elizabeth City.....	Hampton.	Rappahannock.....	Washington.
Essex.....	Tappahannock.	Richmond.....	Warsaw.
Fairfax.....	Fairfax.	Roanoke.....	Salem.
Fauquier.....	Warrenton.	Rockbridge.....	Lexington.
Floyd.....	Floyd.	Rockingham.....	Harrisonburg.
Fluvanna.....	Palmyra.	Russell.....	Cleveland.
Franklin.....	Rocky Mount.	Scott.....	Gate City.
Frederick.....	Winchester.	Shenandoah.....	Woodstock.
Giles.....	Pearishburg.	Smyth.....	Marion.
Gloucester.....	Gloucester.	Southampton.....	Courtland.
Goochland.....	Perkinsville.	Spotsylvania.....	Fredericksburg.
Grayson.....	Independence.	Stafford.....	Stafford.
Greene.....	Standardsville.	Surry.....	Surry.
Greensville.....	Emporia.	Sussex.....	Courthouse, Sussex.
Hallfax.....	Houston.	Tazewell.....	Tazewell.
Hanover.....	Courthouse, Hanover.	Warren.....	Front Royal.
Henrico.....	Richmond.	Warwick No. 1*.....	Newport News.
Henry.....	Martinsville.	Warwick No. 2.....	Do.
Highland.....	Monterey.	Washington.....	Abingdon.
Isle of Wight.....	Isle of Wight.	Westmoreland.....	Montross.
James City.....	Williamsburg.	Wise.....	Second Floor Post Office Building, Norton.
King George.....	Courthouse, King George.	Wythe.....	Wytheville.
King and Queen.....	King and Queen Court House.	York.....	Yorktown.
King William.....	Lester Manor.		
Lancaster.....	Lancaster.		

* Local Board for Warwick County divided into Local Boards Nos. 1 and 2, Sept. 10, 1918.

CITIES.

LYNCHBURG.

Local Board for the city of Lynchburg, Lynchburg, Va.

NORFOLK.

Local Board for Division No. 1, 913 Bank of Commerce Building.
Local Board for Division No. 2, Citizens' Bank Building.
Local Board for Division No. 3, 505 Law Building.

PORTSMOUTH.

Local Board for the city of Portsmouth, Municipal Building, Portsmouth.

RICHMOND.

Local Board for Division No. 1
Local Board for Division No. 2, Grays Armory.
Local Board for Division No. 3
Local Board for Division No. 4, Twenty-second and Broad Streets.
Local Board for Division No. 5, Grays Armory.

ROANOKE.

Local Board for Division No. 1, Room 202 Third Floor Municipal Building.
Local Board for Division No. 2, Municipal Building.

WASHINGTON.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Adams.....	Sheriff's Office, Ritzville.	Lewis.....	Chehalis.
Asotin.....	Sheriff's Office, Asotin.	Lincoln.....	Davenport.
Benton.....	Sheriff's Office, Prosser.	Mason.....	Shelton.
Chelan.....	Sheriff's Office, Wenatchee.	Okanogan.....	Okanogan.
Chelan.....	Port Angeles.	Pacific.....	South Bend.
Clarke.....	Sheriff's Office, Vancouver.	Pend Oreille.....	Newport.
Columbia.....	Dayton.	Pierce No. 1.....	312 Scandinavian-American Bank Building, Tacoma.
Cowlitz.....	Kalama.	Pierce No. 2.....	302 Bank of California Build- ing, Tacoma.
Douglas.....	Waterville.	San Juan.....	Friday Harbor.
Ferry.....	Republic.	Skagit.....	Mount Vernon.
Franklin.....	Pasco.	Skamania.....	Stevenson.
Garfield.....	Pomeroy.	Snohomish No. 1.....	Snohomish.
Grant.....	Ephrata.	Snohomish No. 2.....	Arlington.
Grays Harbor No. 1.	Montesano.	Spokane.....	Courthouse, Spokane.
Grays Harbor No. 2.	Hoquiam.	Stevens.....	Colville.
Island.....	Coupeville.	Thurston.....	Olympia.
Jefferson.....	Port Townsend.	Wahkiakum.....	Cathlamet.
King No. 1.....	107 County and City Build- ing, Seattle.	Walla Walla.....	Walla Walla.
King No. 2.....	117 Public Safety Building, Seattle.	Whatcom.....	Blaine.
Knap.....	Port Orchard.	Whitman.....	Colfax.
Kittitas.....	Ellensburg.	Yakima.....	Yakima.
Klickitat.....	Goldendale.		

CITIES.

BELLINGHAM.

Local Board for the city of Bellingham, 350 Federal Building, Bellingham.

EVERETT.

Local Board for the city of Everett, Office of Mayor, Everett.

SEATTLE.

Local Board for Division No. 1, 5411½ Ballard Avenue.
 Local Board for Division No. 2, 320 Colman Building.
 Local Board for Division No. 3, 3610 Sixth Avenue N.E.
 Local Board for Division No. 4, Room 323 Alaska Building.
 Local Board for Division No. 5, 1014 Paulsen Building.
 Local Board for Division No. 6, 1416 Alaska Building.
 Local Board for Division No. 7, 321 Lyon Building.
 Local Board for Division No. 8, 211 Lyon Building.
 Local Board for Division No. 9, 116 Public Safety Building.
 Local Board for Division No. 10, 206-207 Transportation Building.
 Local Board for Division No. 11, 305 Lyon Building.
 Local Board for Division No. 12, 323 Lyon Building.

SPOKANE.

Local Board for Division No. 1
 Local Board for Division No. 2
 Local Board for Division No. 3
 Local Board for Division No. 4
 Local Board for Division No. 5, 1014 Paulsen Building.

TACOMA.

Local Board for Division No. 1, 533 Provident Building.
 Local Board for Division No. 2, 1601 National Realty Building.
 Local Board for Division No. 3, 1310 National Realty Building.
 Local Board for Division No. 4, 5243½ Union Avenue.

WEST VIRGINIA.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Barbour.....	Philippi.	Marion No. 2.....	Mannington.
Berkeley.....	Martinsburg.	Marshall.....	Moundsville.
Boone.....	Danville.	Mason.....	Point Pleasant.
Braxton.....	Sutton.	Mercer No. 1.....	Bluefield.
Brooke.....	Wellsburg.	Mercer No. 2.....	Princeton.
Cabell.....	Milton.	Mineral.....	Keyser.
Calhoun.....	Grantsville.	Mingo.....	Williamson.
Clay.....	Clay.	Monongalia.....	Morgantown.
Doddridge.....	West Union.	Monroe.....	Alderson.
Fayette No. 1.....	Fayetteville.	Morgan.....	Berkeley Springs.
Fayette No. 2.....	Claremont.	Nicholas.....	Richwood.
Gilmer.....	Glenville.	Ohio.....	Care of Chairman, Wheeling.
Grant.....	Petersburg.	Pendleton.....	Franklin.
Greenbrier.....	Lewisburg.	Pleasants.....	St. Marys.
Hampshire.....	Romney.	Pocahontas.....	Marlington.
Hancock.....	New Cumberland.	Preston.....	Kingwood.
Hardy.....	Moorefield.	Putnam.....	Buffalo.
Harrison No. 1.....	404 Godd Building, Clarksburg.	Raleigh.....	Beckley.
Harrison No. 2.....	311 Godd Building, Clarksburg.	Randolph.....	Elkins.
Jackson.....	Ripley.	Ritchie.....	Harrisville.
Jefferson.....	Charles Town.	Roane.....	Spencer.
Kanawha No. 1.....	212 Union Building, Charleston.	Summers.....	Hinton.
Kanawha No. 2.....	2 Federal Building, Charleston.	Taylor.....	Grafton.
Lewis.....	Weston.	Tucker.....	Parsons.
Lincoln.....	Hamlin.	Tyler.....	Middlebourne.
Logan.....	Logan.	Upshur.....	Buckhannon.
McDowell No. 1.....	Welch.	Wayne.....	Kenova.
McDowell No. 2.....	Do.	Webster.....	Webster Springs.
Marion No. 1.....	Fairmont.	Wetzel.....	New Martinsville.
		Wirt.....	Elizabeth.
		Wood.....	Parkersburg.
		Wyoming.....	Mullens.

CITIES.

CHARLESTON.

Local Board for the city of Charleston, Federal Building, Charleston.

HUNTINGTON.

Local Board for Division No. 1)Huntington, W. Va.
Local Board for Division No. 2)

WHEELING.

Local Board for city of Wheeling, Wheeling, W. Va.

WISCONSIN.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
ami.....	County Clerk's Office, Friend- ship.	Manitowoc No. 2....	Two Rivers.
band.....	Ashland.	Marathon No. 1.....	Courthouse, Wausau.
iron.....	Barron.	Marathon No. 2.....	Do.
yfield.....	Washburn.	Marquette.....	Marinette.
own.....	Del'ere.	Milwaukee No. 1.....	Montello.
shale.....	Alma.	Milwaukee No. 2.....	Milwaukee.
snell.....	County Clerk's Office, Grant- burg.	Monroe.....	Do.
tunet.....	Chilton.	Oconto.....	Sparta.
ippewa.....	Chippewa Falls.	Oneda.....	Oconto.
sk.....	Nellisville.	Outagamie No. 1.....	Rhineland.
umbles.....	Portage.	Outagamie No. 2.....	Appleton.
svord.....	Prairie du Chien.	Ozaukee.....	Kaukauna.
ne No. 1.....	South Carroll Street, Madison.		County Clerk's Office, Port Washington.
ne No. 2.....	Courthouse, Madison.	Pepin.....	Durand.
dge No. 1.....	Horicon.	Pierce.....	Ellsworth.
dge No. 2.....	Beaver Dam.	Polk.....	Balsam Lake.
er.....	Sturgeon Bay.	Portage.....	Stevens Point.
uglas.....	Superior.	Price.....	Phillips.
mo.....	Menomonie.	Racine.....	Burlington.
in Chaire.....	Eau Claire.	Richland.....	Richland Center.
orece.....	Florence.	Rock No. 1.....	Janesville.
nd du Lac No. 1.....	Fond du Lac.	Rock No. 2.....	Beloit.
nd du Lac No. 2.....	Ripon.	Rusk.....	Ladysmith.
ran.....	Crandon.	St. Croix.....	Hudson.
ni.....	Lancaster.	Sauk.....	Baraboo.
on.....	Monroe.	Sawyer.....	Hayward.
on Lake.....	Green Lake.	Shawano.....	Shawano.
va.....	Dodgeville.	Sheboygan No. 1.....	Sheboygan.
u.....	Hurley.	Sheboygan No. 2.....	Wilmouth.
tion.....	Black River Falls.	Taylor.....	Medford.
herson.....	County Clerk's Office, Jeffer- son.	Trempealeau.....	Whitehall.
man.....	Mauston.	Vernon.....	Viroqua.
nosha.....	County Courthouse, Kenosha.	Vilas.....	Eagle River.
waunee.....	Kewaunee.	Walworth.....	Elkhorn.
Crane.....	La Crosse.	Washburn.....	Shell Lake.
quette.....	Darlington.	Washington.....	Courthouse, West Bend.
stade.....	Antigo.	Waukesha.....	Courthouse, Waukesha.
lron.....	Merrill.	Waupaca.....	Waupaca.
antowoc No. 1.....	Manitowoc.	Waushara.....	Wautoma.
		Winnebago.....	Neeah.
		Wood.....	Grand Rapids.

CITIES.

GREEN BAY.

Local Board for the city of Green Bay, City Hall, Green Bay.

KENOSHA.

Local Board for the city of Kenosha, City Hall, Kenosha.

LA CROSSE.

Local Board for the city of La Crosse, City Hall, La Crosse.

MADISON.

Local Board for the city of Madison, City Hall, Madison.

MILWAUKEE.

Local Board for Division No. 1, 320 Colby-Abbot Building.
 Local Board for Division No. 2, Room 20 Metropolitan Building.
 Local Board for Division No. 3, Eighth Street School.
 Local Board for Division No. 4, 2918 North Avenue.
 Local Board for Division No. 5, Room 1, 322 Reed Street.
 Local Board for Division No. 6, 306-308 North Avenue.
 Local Board for Division No. 7, 1201 North Avenue.
 Local Board for Division No. 8, Tenth and Forest Home Avenue.
 Local Board for Division No. 9, 1210 Galena Street.
 Local Board for Division No. 10, Third Street School.
 Local Board for Division No. 11, 903 Railway Exchange Building.
 Local Board for Division No. 12, 149 Lincoln Avenue.
 Local Board for Division No. 13, 510-511 Colby-Abbott Building.
 Local Board for Division No. 14, Fifth Avenue School.
 Local Board for Division No. 15, Twentieth and Cold Spring Avenue.

WISCONSIN—Continued.

CITIES—Continued.

OSHKOSH.

Local Board for the city of Oshkosh, City Hall, Oshkosh.

RACINE.

Local Board for Division No. 1, City Hall.

Local Board for Division No. 2, 1508 Washington Avenue.

SUPERIOR.

Local Board for Division No. 1 } City Hall.
Local Board for Division No. 2 }

WYOMING.

COUNTIES.

Local Board for county of—	Post-office address.	Local Board for county of—	Post-office address.
Albany.....	Laramie.	Lincoln.....	Downing Building, Cas- merer.
Big Horn.....	Basin.	Natrona.....	Casper.
Campbell.....	Gillette.	Niobrara.....	Lusk.
Carbon.....	Rawlins.	Park.....	Cody.
Converse.....	Douglas.	Platte.....	Wheatland.
Crook.....	Sundance.	Sheridan.....	Courthouse, Sheridan.
Fremont.....	Lander.	Sweetwater.....	Courthouse, Green River.
Goshen.....	Torrington.	Uinta.....	Courthouse, Evanston.
Hot Springs.....	Thermopolis.	Washakie.....	Courthouse, Worland.
Johnson.....	Buffalo.	Weston.....	Newcastle.
Laramie.....	Cheyenne.		

REGULATIONS

Governing

The Disposition of Records of District, Local, and Medical Advisory Boards



Prescribed by the President Under the Authority Vested in
Him by the Terms of the Selective Service Law



[Form 4000]

WASHINGTON
GOVERNMENT PRINTING OFFICE
1913

WAR DEPARTMENT,
Washington, D. C., December 24, 1918.

Under authority vested in him by the act of Congress of May 18, 1917, and the public resolutions and acts amendatory thereof, the President of the United States prescribes the following REGULATIONS GOVERNING THE DISPOSITION OF RECORDS OF DISTRICT, LOCAL, AND MEDICAL ADVISORY BOARDS and directs that they be published for the government of all concerned, and that they be strictly observed.

NEWTON D. BAKER,
Secretary of War.

(3)

REGULATIONS GOVERNING THE DISPOSITION OF RECORDS OF DISTRICT, LOCAL, AND MEDICAL ADVISORY BOARDS.

FOREWORD.

Time after time, at crises in the draft, men of the Selective Service System have been called upon for grueling work at very great sacrifice. Without exception they have splendidly responded. Their great efforts were under the stimulus of war. The time has now arrived to call for one last effort. The stimulus of war is gone, but the spirit that pervaded the system remains. The patriotism of these men is substantial and it will respond as well in these prosaic days as it did in the excitement of the past year.

The task, though not comparable in magnitude to some of those that have gone before, will require great care and accuracy. It is this: The records of the draft must now be crystallized and preserved. They contain the war record of 23,000,000 men. They affect the honor and reputation of millions of our citizens. As historical documents they are beyond valuation. As a conspectus of facts affecting industrial, commercial and economic relations, they can not be paralleled. In the haste of last summer's great mobilizations they were, in some respects, faultily prepared. They will soon be gathered into the archives of the Nation, and before this is done they must be rendered as complete and accurate as possible. Especially is this true of records of delinquents and deserters. These regulations prescribe the method to this end and the task to be performed.

It is the last demand on the men who have served so well. The Nation will look to them, expectantly and confidently, to perform this final task in the splendid and expeditious manner in which they have earned its thanks during the war.

SUMMARY OF DUTIES TO BE PERFORMED.

1. All agencies of the Selective Service System shall forward all papers pertaining to individual registrants to Local Boards, except *that State headquarters shall not forward delinquent or deserter records of individuals until Form 1013-a is completed* (sec. 3.).

2. District and Medical Advisory Boards shall prepare for inspection prior to shipment records and other papers remaining after proper papers have been forwarded to Local Boards, and shall ship when directed by State headquarters (sec. 4.).

3. The State Draft Executive shall prepare an indexed compilation of its bulletins and general instructions, and hold same for instructions (sec. 5.).

4. Local Boards shall check to see there is a cover sheet for each registrant, and that there is placed in it all papers pertaining to him (secs. 10 and 11).

5. For each registration, i. e. June, 1917, June-August, 1918, and September, 1918, Local Boards shall arrange cover sheets in sequence of order numbers of registrants (sec. 12.).

6. The State Draft Executive shall prepare for each Local Board duplicate list (Form 4003) arranged in sequence of order numbers of registrants against whom a record of delinquency or desertion exists at State headquarters, and forward the proper list to each Local Board (sec. 6.).

7. Local Boards shall check entries in columns 8, 9, 10, 11, and 12 of the Classification Lists of all registrants of June, 1917, and of June-August, 1918, and of registrants 18 to 36 years of age of September, 1918, as to fact of classification, and to make appropriate entry on the Classification List (sec. 13.).

8. Local Boards shall upon receipt of Form 4003, completed by the State Draft Executive as required in section 6, take from its files the cover sheets and contents for each registrant listed thereon, and insert in the files in its stead Form 4004 (sec. 15-a.).

9. Local Boards shall take from its files cover sheets and contents thereof of any other registrants who are recorded as delinquents and deserters by Local Boards, who do not appear on the list furnished by the State Draft Executive, insert Form 4004 in their stead in the files, and add names in red ink to the list furnished by State Draft Executive (sec. 15 b and c.).

10. Local Boards shall compare lists with records or other positive information, and enter in column 3 of Form 4003 furnished by State Draft Executive an appropriate entry (sec. 15-d.).

11. When step No. 10 is completed a member of the Local Board shall sign both original and duplicate of Form 4003, and mail immediately to State Draft Executive (sec. 15-e.).

12. Local Boards shall compare the entries on cover sheets of all delinquents and deserters with all entries on classification list pertaining to them, and shall complete either record as the case may be by making appropriate entries (sec. 15-f).

13. Local Boards shall make one package of these records arranged in the sequence the names appear on Form 4003, and send to State Draft Executive (sec. 15 g and h), and send also by mail inventory of these records (sec. 15-i).

14. Local Boards shall check red-lined registrants of the June, 1917, registration only by comparing Classification List and the record, and shall make appropriate entry in column 29 of the Classification List (sec. 14).

15. Local Boards shall prepare miscellaneous records for inspection prior to boxing and shipment (sec. 16).

16. Local Boards shall prepare files of cover sheets for inspection prior to crating and shipment, and telegraph the State Draft Executive and await instructions (sec. 17).

17. The State Draft Executive, after checking Form 4003 by the individual records of delinquents and deserters, shall take appropriate action (sec. 7), and record such action by an entry in columns 4 and 5 of Form 4003 (secs. 7 and 8).

18. When the State Draft Executive has completed check of delinquents and deserters, he shall take appropriate action and record it on Form 4003; he shall separate original and duplicate copies of Form 4003, arrange them in alphabetical sequence by Local Boards, place certificate of correctness on last page immediately following last name, and forward the original copy to The Adjutant General of the Army, retaining the duplicate for his own files (sec. 9).

19. The State Draft Executive shall hold the cover sheets, including the records of delinquents and deserters, and all correspondence for Local Boards until further orders (secs. 1 and 2).

PART I.
GENERAL INSTRUCTIONS.

SECTION 1. After January 15, 1919, no Local or District Board shall be addressed with correspondence, and no papers or documents of any kind shall be sent to a Local Board or District Board except by State headquarters of the State in which it is located. All correspondence intended for a Local Board or District Board, or pertaining to it, shall be addressed to State headquarters of the State in which it is located.

SEC. 2. Correspondence received by State headquarters in accordance with section 1, and pertaining to Local Boards shall be kept by State headquarters in a separate file for each Local Board and disposed of as shall be provided in instructions to be hereafter issued.

SEC. 3. All agencies of the Selective Service System shall immediately send to Local Boards all records, correspondence, and documents pertaining to individual registrants within the jurisdiction of such Local Boards (see P. M. G. telegram B-4533, Dec. 6, 1918). No individual records from State headquarters affecting deserters and delinquents shall be returned until all proper entries relating thereto shall have been made on Form 1013-A, but these entries shall be made and individual records sent to Local Boards with the greatest possible expedition.

PART II.

INSTRUCTIONS FOR SELECTIVE SERVICE SYSTEM EXCEPT LOCAL BOARDS.

Sec. 4. District and Medical Advisory Boards shall forthwith segregate their remaining records into groups of records of the same class, wrap the separate groups carefully, tie each group securely with a cord, label the exterior of each package with a precise statement of its contents (Form 4001), number the labels in a single series, inventory the packages on Form 4002, in duplicate, and await further instructions.

Sec. 5. State headquarters shall forthwith prepare an indexed compilation of all bulletins and general instructions emanating therefrom, whether such bulletins originated at State headquarters or whether they are transmissions of general instructions from the Provost Marshal General. The disposition of these compilations will be prescribed in instructions to be issued at a later date.

Sec. 6. The State Draft Executive shall immediately forward to each Local Board a duplicate list (Form 4003) of its registrants against whom a record of delinquency or desertion exists at State headquarters arranged in sequence of order numbers, which list shall contain the name and order number of each of such registrants. In accordance with section 15, the Local Board will return this list annotated in column 3 with all known facts pertaining to each such record and completed by the addition of names and order numbers of delinquents and deserters disclosed by Local Board records, and not contained in list from State headquarters, and will ship to State headquarters the complete records of all men shown on the amended list. The State Draft Executive shall check the records against the amended copy of Form 4003.

Sec. 7. Upon receipt by State headquarters from Local Boards of the lists (Form 4003) and the individual records of delinquents and deserters, the same shall be compared and checked with the records at State headquarters, and action shall be taken as follows:

(a) If the records show that the registrant has failed to appear for physical examination under the Rules and Regulations (Form 13), or has failed to file a questionnaire or to report for physical examination under the Selective Service Regulations (Form 999 and 999-A), and has not been reported by the Local Board to the State Draft Executive for such delinquency, the State Draft Executive shall report the facts in the case to the United States attorney of the proper Federal judicial district for appropriate action, and make appropriate entry in columns 4 and 5 of Form 4003.

(b) If the records show that the registrant has failed to appear for physical examination under the Rules and Regulations (Form

13), or has failed to return a questionnaire or to report for physical examination under the Selective Service Regulations (Form 999 and 999-A), and has been reported to the State Draft Executive by the Local Board for such delinquency, but the delinquent induction order (Form 1014) has not been issued in respect of him, or if issued, has been rescinded upon his appearance subsequent to November 11, 1918, the State Draft Executive shall report the facts in the case to the United States attorney of the proper Federal judicial district for appropriate action, and make appropriate entry in columns 4 and 5 of Form 4003.

(d) If the records show that a registrant has been reported by the Local Board or the State Draft Executive to The Adjutant General of the Army as a deserter on Forms 146-B or 146-C, or 1018, who was not properly chargeable with the offense of desertion because of death, enlistment, or other causes, existing prior to induction, the State Draft Executive shall state the facts fully to The Adjutant General of the Army by letter, filing a signed carbon copy of the letter in the cover sheet of the registrant, and make appropriate entry in columns 4 and 5 of Form 4003.

(e) If the records show that a registrant has been erroneously reported by the Local Board to the State Draft Executive as a delinquent on Form 146-A or Form 1013, the State Draft Executive shall prepare a memorandum stating the facts fully, sign it, and place it in the cover sheet of the registrant, and make appropriate entry in columns 4 and 5 of Form 4003.

(f) If the records show that the charge of desertion against a registrant who has been reported to The Adjutant General of the Army as a deserter has been disposed of in accordance with the Rules and Regulations (Form 13), sections 37, 137, 138, 139, Selective Service Regulations (Form 999), or section 139 or 140, Selective Service Regulations (Form 999-A), by sending the registrant to camp or by his discharge from the Army, the State Draft Executive shall state the facts fully to The Adjutant General of the Army by letter, filing a signed carbon copy of the letter in the cover sheet of the registrant, and make appropriate entry in columns 4 and 5 of Form 4003.

(g) If the records show that a registrant who has been reported to The Adjutant General of the Army as a deserter was, subsequent to induction and desertion, improperly reclassified by the Local Board at a time when the Local Board was without jurisdiction to make such reclassification, the State Draft Executive shall state the facts fully to The Adjutant General of the Army by letter, filing a signed carbon copy of the letter in the cover sheet of the registrant, and make appropriate entry in columns 4 and 5 of Form 4003.

(h) If the records show that any registrant who has been inducted into the military service at any time by an induction order being issued in respect of him (Form 164-A or Form 1028, or the delinquent induction order of State Draft Executive under the first Rules and Regulations, or Form 1014), and who has failed to obey such order, has not been reported to The Adjutant General of the Army on Form 146-B, Form 146-C, or Form 1018, as the case may be, the State Draft Executive shall make the required report on the proper form.

SEC. 8. When the action in respect of any registrant prescribed in section 7 has been taken, the State Draft Executive shall enter in columns 4 and 5 of Form 4003 a record of such action in either of the following phrases, "Reported to United States Attorney, Date _____"; "Reported to Adjutant General, Date _____".

SEC. 9. When all the duplicate lists for each State (Form 4003) have been completely prepared as prescribed in section 6, 7, 8, and 15, the State Draft Executive shall place certificate of correctness on last page immediately following last name and shall arrange originals and duplicates in separate alphabetical series of Local Boards and then forward the files of originals to The Adjutant General of the Army, retaining the file of carbon copies.

PART III.

INSTRUCTIONS FOR LOCAL BOARDS.

SEC. 10. Examine all individual records and make sure that there is in your files for each registrant a cover sheet upon the front of which at least the following entries are clear, complete, and accurate:

- (1) Name of registrant.
- (2) Address of registrant.
- (3) Order number.
- (4) Serial or registration number.
- (5) Stamp of Local Board.
- (6) Code number of Local Board.

SEC. 11. By section 3 all draft agencies, having any paper pertaining to any individual registrant, are required to send every such paper to his Local Board. Place every document that you now have or may hereafter receive, pertaining to an individual registrant, whatever its nature, in the cover sheet pertaining to him, with the exception of the registration cards, the disposition of which is hereinafter provided for.

SEC. 12. After placing all records pertaining to each registrant in his cover sheet, arrange all such cover sheets by registration groups in sequence of the order numbers of the registrants. Keep separately the cover sheets of all registrants in the class of June, 1917, class of June-August, 1918, and class of September, 1918.

SEC. 13. Examine carefully the classification lists as to all registrants of June, 1917, and of June-August, 1918. In the classification lists as to all registrants of September 12, 1918, examine only as to registrants of the ages of 18 to 36, both inclusive. Do this in the following manner:

Run your eye down columns 8, 9, 10, 11, and 12 to see if there are any cases where no classification is entered. If you find such a case, examine the papers in the cover sheet, verify the fact of classification, and enter classification on the Classification List. If you find no record of classification, enter in column 29 the words "No record of classification."

SEC. 14. Check all names on the Classification Lists that are red lined. Many mistakes have been made in these. The only names that should be red lined are—

First. Men *inducted* (not enlisted) and accepted for military service prior to December 15, 1917.

Second. Men who became *deserters* (not merely delinquents) prior to December 15, 1917.

In making this check, proceed as follows:

Compare the names of red-lined men on Classification List of the June, 1917, registration with columns 48, 50, and 51 of the Local

Board docket and (especially if the docket is not in proper shape) with column 10 of Form 164-A and with the list that will be sent you from State headquarters (Form 4003) as prescribed by Section 6 and with all other available information (Form 146-C and Form 1018).

(a) If you find that the man has been inducted into service (not as a deserter), write in red ink in column 29 the word "inducted."

(b) If you find that the man has been inducted (even though never caught) as a deserter, write in red ink in column 29 the word "deserter."

(c) If you find that the man's case is not included in either (a) or (b) above, but that he was reported on Form 146-A, and no further action taken, write in black ink in column 29, "Improperly red lined. Delinquent only."

(d) If you find that the man has enlisted in the Army, Navy, or Marine Corps of the United States, prior to his desertion, enter in column 29 in black ink the words, "Improperly red lined. Enlisted."

(e) If you find that the man is dead, enter in black ink in column 29, "Improperly red lined. Dead."

(f) If you find that the man was red lined to show a canceled registration, enter in black ink in column 29 the words, "Improperly red lined. Registration canceled."

(g) If you find that the man was red lined without apparent reason, enter in black ink in column 29 the words, "No data available."

SEC. 15. In accordance with section 6, State Draft Executives will send you on Form 4003 a duplicate list of deserters and delinquents as shown by records at State headquarters. The object is to bring records at State headquarters and at Local Boards into agreement. When you receive this list from State headquarters proceed as follows:

(a) Take out of your files the cover sheets and contents of all men shown on the list from State headquarters (Form 4003) and place them in one group. Prepare and place in the files instead of each such abstracted record a dummy sheet (Form 4004).

(b) Take out of your files the cover sheets and their contents relating to all men shown by your own records to be either delinquents or deserters but who are not so shown on the list from State headquarters (Form 4003) and place them in a second group. Prepare and place in the files instead of each such abstracted record a dummy sheet (Form 4004).

(c) Complete the list from State headquarters (Form 4003) by adding to it in red ink all names of men whose cover sheets are referred to in paragraph (b) above.

(d) Compare the completed list with the records in the cover sheets in both groups and with such other positive information as you may have, and enter in column 3 the appropriate one of the following remarks:

1. If the registrant has enlisted in the Army, Navy, or Marine Corps of the United States or of an allied power enter the one of the following notations that may be applicable to his case:

"Enlisted in _____ Army; date _____."

"Enlisted in _____ Navy; date _____."

Enlisted in _____ Marine Corps; date _____."

2. If the registrant has died, enter the following notation: "Dead; date of death _____."

3. If the registrant was sent to camp prior to November 20, 1917, as a deserter under the Rules and Regulations (Form 13), enter the following notation:

"Sent to camp as a deserter; date _____."

4. If the registrant was sent to camp under section 51, S. S. R. (Form 999), or section 140, S. S. R. (Form 999A), as a wilful or non-wilful deserter, enter the one of the following notations, which may be applicable:

"Sent to camp as a wilful deserter; date _____."

"Sent to camp as a nonwilful deserter; date _____."

5. If the registrant was discharged by the camp commander at the Local Board without entrainment under section 140, S. S. R., Second Edition (Form 999A), as a wilful or nonwilful deserter, enter the one of the following notations, which may be applicable:

"Discharged by camp commander as a wilful deserter; date _____."

"Discharged by camp commander as a nonwilful deserter; date _____."

6. If the registrant has been discharged by the camp commander under section 139, S. S. R. (Form 999), enter the following notation:

"Discharged by camp commander under section 139, S. S. R.; date _____."

7. If the registrant has been, since registration, or is now, in prison or other penal institution, or insane asylum, enter the following notation:

"Name of institution _____; date of entering _____; date of leaving _____."

8. If the registrant has been reclassified by the local board since he became a deserter, that is, since the day and hour named in his induction order, enter the following notation:

"Reclassified after desertion in class ____ division ____."

9. If the registrant is still at large and you have information as to his probable present whereabouts, enter a notation showing the registrant's present address.

(e) As soon as your lists (Form 4003) with the above entries in column 3 are complete, sign both original and duplicate in the place provided and forward both to State headquarters.

(f) Now compare all entries on the cover sheets of delinquents and deserters with the entries pertaining to them on the Classification List and be sure that they are in absolute agreement and that every entry on each cover sheet is shown on the Classification List and vice versa.

(g) Combine your two groups of cover sheets with their contents in the sequence the names appear on Form 4003.

(h) Pack the combined groups of records of delinquents and deserters carefully for shipment and ship them to State headquarters, by registered mail if the package weighs under 4 pounds, by express if it weighs in excess of 4 pounds.

Sec. 16. Segregate your miscellaneous records into groups of records of the same class. Wrap the separate groups carefully. Tie each group securely with cord, labeling the exterior of each package with a precise statement of its contents using Form

4001. Inventory the packages on Form 4002. Hold packages and inventories awaiting visit of the inspector provided for in section 17, or further instruction.

SEC. 17. If you have properly taken all steps hereinbefore prescribed, your file of cover sheets is arranged by registration groups in sequence of order numbers; each contains every paper pertaining to the man whose name it bears, and the file is complete, except for the cover sheets and contents pertaining to delinquents and deserters and in place of each such cover sheet there is a dummy sheet (Form 4004.) You are now ready to prepare these individual records for shipment. Proceed as follows:

(a) Maintaining the sequence of order numbers, tie the records in groups of 50 securely with cord. Tie twice around both sides and ends. Pack the bundles as closely as possible in present filing cabinets. If a sufficient number of filing cabinets is not available, pack the surplus cover sheets with their contents in bundles of 50 as prescribed, and await further instructions.

(b) Upon completion of this work, telegraph State headquarters as follows: "Records ready for crating and shipment." An inspector will then be sent to look over your records, to authorize you to ship them, and to inform you as to how to ship them.

SEC. 18. Under no circumstances will any registration cards be placed inside cover sheets. Both the original registration cards, and the duplicate registration cards which are returned from District Boards, are to be retained in their present files, and disposed of as hereafter directed.

**PART IV.
FORMS.**

Sec. 19. P. M. G. O. Form 4001.—Label.

P. M. G. O. Form 4001

STAMP OF LOCAL BOARD

DESCRIPTION OF CONTENTS:

ITEM No.

P. M. G. O. Form 4002

Date.....

INVENTORY OF RECORDS.

Item No.	Description of contents.	Dates covered.	
		From—	To—

Sec. 21. P. M. G. O. Form 4003,—Final List of Delinquents and Deserters.

P. M. G. O., Form 4003.

Date.....

STAMP OF LOCAL BOARD.

Final List of Delinquents and Deserters.

I hereby certify that the list below contains the names of all delinquents and deserters registered with this Local Board.

(Signature of Member of Local Board.)

Order No.	Name of registrant.			Remarks by Local Board.	Action by State head- quarters.	
	First name.	Middle name.	Last name.		Reported to—	Date.
1	2	3	4	5	6	7

Sec. 22. P. M. G. O. Form 4004.—Dummy cover sheet.

P. M. G. O. Form 4004.

STAMP OF LOCAL BOARD.

Name of Registrant..... (First name.) (Middle name.) (Last name.)
Address..... (No.) (Street or R. F. D. number.)
..... (City or town.) (County.) (State.)

Order No.	Serial or Registration No.
-----------	----------------------------

THE RECORD OF THIS MAN HAS BEEN FORWARDED TO THE DRAFT EXECUTIVE OF THIS
STATE WITH THE "DELINQUENT AND DESERTER RECORDS" OF THIS LOCAL BOARD.

O

REGULATIONS

GOVERNING

**The Packing and Shipment of Records of the
Selective Service System and the Disposition
and Sale of Government Property now in the
Custody of the Selective Service Organization**

PRESCRIBED BY THE PRESIDENT

**Under the Authority Vested in Him by the Terms of the
Selective Service Law and the Act of Congress
of May 10, 1918**



(Form 4005)

**WASHINGTON
GOVERNMENT PRINTING OFFICE
1919**

1

2

WAR DEPARTMENT,

Washington, D. C., February 20, 1919.

Under authority vested in him by the act of Congress of May 18, 1917, and the public resolutions and acts amendatory thereof, and the act of Congress of May 10, 1918, the President of the United States prescribes the following Regulations Governing the Packing and Shipment of Records of the Selective Service System and the Disposition and Sale of Government Property Now in the Custody of the Selective Service Organization, and directs that they be published for the government of all concerned, and that they be strictly observed.

NEWTON D. BAKER,
Secretary of War.

FOREWORD.

The Secretary of War has directed that all the records of the Selective Service System be turned over to The Adjutant General of the Army, Washington, D. C. When you have complied with the instructions contained in "Regulations Governing the Disposition of Records of District, Local and Medical Advisory Boards" (P. M. G. O. Form 4000), you will have prepared your records for boxing and shipment (with the exception of the registration cards in the local boards).

These records must be shipped long distances and be packed in such a way as to prevent damage. You are especially urged that every precaution be taken to see that they are packed in strict accordance with these regulations.

Under the provisions of section 207, Selective Service Regulations, second edition, each State disbursing officer for State headquarters and the chairman of each district, local, and medical advisory board was made the accountable officer for United States property in the possession of such headquarters and boards. The Regulations promulgated herein provide for the transfer of certain classes of property with the records to The Adjutant General of the Army. Part V of these Regulations provides the method of transferring this property and disposing of the remaining United States property in the possession of the board or headquarters. All accountable officers are urged to follow carefully the instructions contained in Part V of these Regulations in order that their accountability for United States property may be properly relieved.

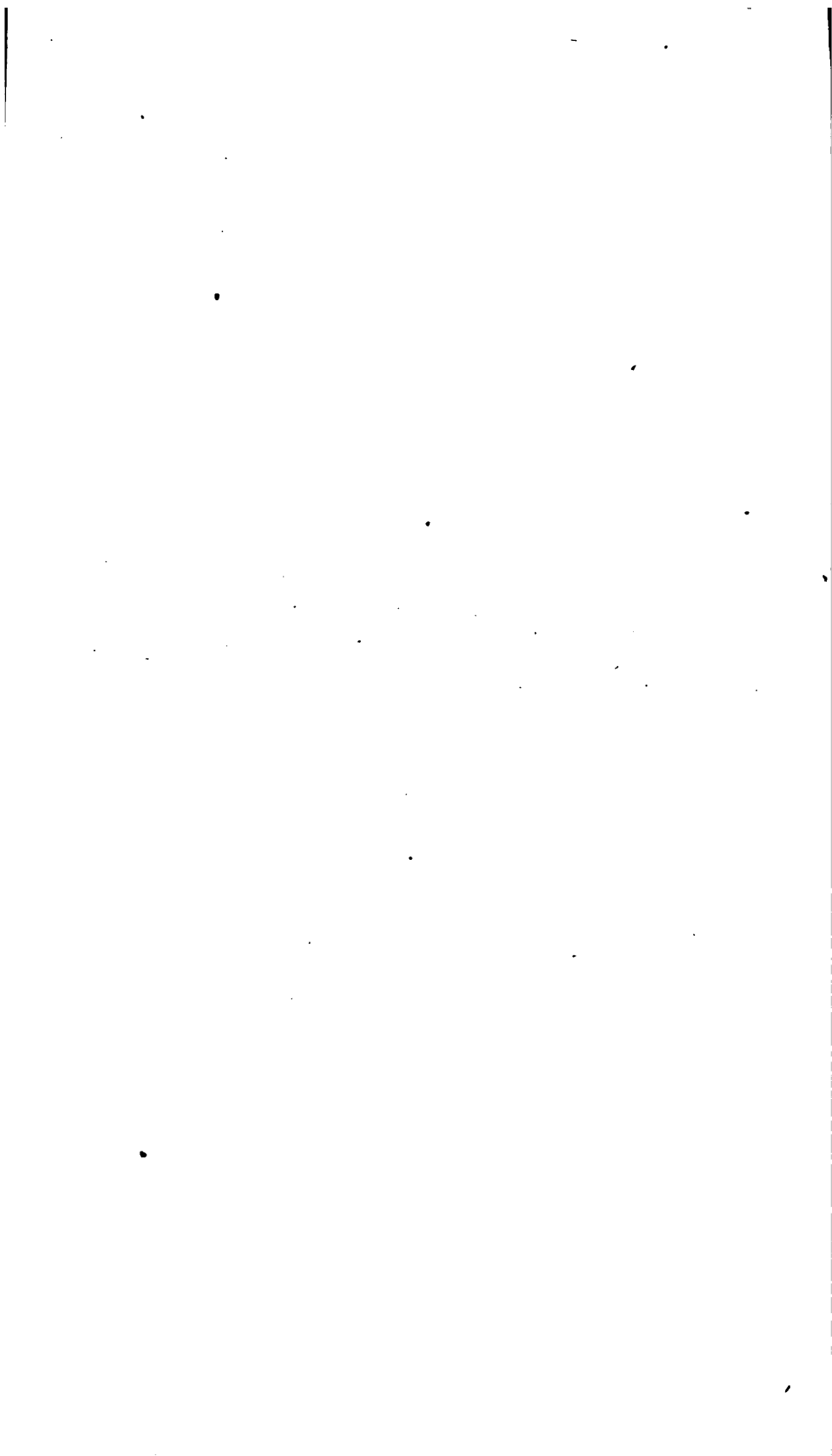


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PART I.

STATE HEADQUARTERS.

SECTION 1. *Cover sheets of deserters.*—Immediately upon the completion of the checking of P. M. G. O. Form 4003 for each local board as prescribed in sections 7 to 9, inclusive, of the "Regulations Governing the Disposition of Records of District, Local, and Medical Advisory Boards," the State draft executive shall tie the cover sheets of all registrants listed as deserters on P. M. G. O. Form 4003, whether or not the charge of desertion has been removed, together in bundles of 50, maintaining the arrangement of cover sheets in the order the names appear on said P. M. G. O. Form 4003; shall pack said cover sheets in stout wooden boxes in such manner as to prevent shifting of contents while in transit, and shall ship these records by express to the Provost Marshal General, Washington, D. C. As soon as the desertion records for a given local board have been checked the cover sheets of the deserters of such local board shall be packed and shipped and shall not be held until the completion of the checking of P. M. G. O. Form 4003 in respect of all local boards.

If in any case the State draft executive is in doubt as to whether a registrant is a deserter or delinquent he shall include the cover sheet of such registrant among the cover sheets of the deserters which are to be forwarded to the Provost Marshal General and shall place in the cover sheet of such registrant a memorandum stating the grounds upon which the doubt is based.

SEC. 2. *Cover sheets of delinquents.*—As soon as the State draft executive has disposed of the cases of all delinquents included on P. M. G. O. Form 4003, as provided in sections 7 to 9, inclusive, of the "Regulations Governing the Disposition of Records of District, Local, and Medical Advisory Boards," and after forwarding P. M. G. O. Form 4003 to the Provost Marshal General for transmittal to The Adjutant General of the Army, the State draft executive shall tie the cover sheets for each local board together in bundles of 50, maintaining the arrangement of cover sheets in the order the names appear on P. M. G. O. Form 4003; shall label same with P. M. G. O. Form 4001; shall invoice same on P. M. G. O. Form 4002, which form shall be mailed in duplicate to The Adjutant General of the Army, Selective Service Records Division, Washington, D. C., as soon as the records are shipped; shall pack such bundles in the style of wooden box specified in section 14, and shall ship the same to The Adjutant General of the Army in the manner provided in Part IV.

SEC. 3. *Other State headquarters records.*—Any State headquarters records not included in sections 1 and 2 shall be retained by the State draft executives until receipt of telegraphic instructions from the Provost Marshal General to pack and ship the same. Upon receipt of such telegraphic instructions the State draft executives shall

bundle all such records, except the records of the State disbursing officer, in the smallest number of groups in which said records fall; shall label same with P. M. G. O. Form 4001; shall invoice same on P. M. G. O. Form 4002, which form shall be mailed in duplicate to The Adjutant General of the Army, Selective Service Records Division, Washington, D. C., as soon as records are shipped; shall pack such bundles in the style of wooden box specified in section 14, and ship same to The Adjutant General of the Army in the manner provided in Part IV. Instructions relative to the records of the State disbursing officer will be issued hereafter.

PART II.

DISTRICT AND MEDICAL ADVISORY BOARDS.

SEC. 4. *District boards.*—Under section 4, "Regulations Governing the Disposition of Records of District, Local, and Medical Advisory Boards," the records of district boards have been prepared for shipment. All records filed in steel filing cases shall be prepared for crating as provided in section 15. They shall then be crated as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18. The two copies of P. M. G. O. Form 4002 shall be mailed to The Adjutant General of the Army, Selective Service Records Division, Washington, D. C., as soon as the records are shipped.

All records filed in wooden filing cases shall be retained in such cases. The wooden filing cases shall be boxed as provided in section 16, labeled as provided in section 16, and shipped as provided in section 17.

All records for which no steel or wooden filing cases are available shall be boxed in strong wooden boxes lined with waterproof paper, prepared for closing as provided in section 15, closed as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

When these steps have been taken, the district board shall telegraph State headquarters as follows: "Shipped."

All other property of district boards shall be disposed of as provided in Part V.

When this final step has been taken, the district board shall telegraph State headquarters as follows: "Closed."

SEC. 5. *Medical advisory boards.*—Under section 4, "Regulations Governing the Disposition of Records of District, Local, and Medical Advisory Boards," the records of medical advisory boards have been prepared for shipment. All records filed in steel filing cases shall be prepared for crating as provided in section 15; they shall be crated as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

All records filed in wooden filing cases shall be retained in such cases, the wooden filing cases boxed as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

All records for which no steel or wooden filing cases are available shall be boxed in strong wooden boxes lined with waterproof paper, prepared for closing as provided in section 15, closed as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

When these steps have been taken the medical advisory boards shall telegraph State headquarters as follows: "Shipped."

All other property of medical advisory boards shall be disposed of as provided in Part V.

When this final step has been taken, the medical advisory board shall telegraph State headquarters as follows: "Closed."

PART III.

LOCAL BOARDS.

SEC. 6. *Classification lists.*—After the classification lists of local boards shall have been examined and corrected in accordance with the "Regulations Governing the Disposition of Records of District, Local, and Medical Advisory Boards," a label on plain white paper shall be prepared and securely pasted in the center of the outside of the front cover of each classification list, which label shall be 3 inches square and contain the following wording:

Classification List No.
for
(Designation of local board.)
Code number of local board

The local board shall then prepare a complete list of all members, Government appeal agents, members of legal advisory board, clerks, and other persons who have been connected with the local board organization, which list shall show the name of person, residence, official relationship to the board, and the approximate dates between which such relationship existed. This list shall be placed at the beginning of the first classification list inside the front cover of the binder but not pasted either to the binder or the classification list.

The classification lists shall then be securely wrapped, sealed by the local board, packed in stout wooden boxes, and sent by express addressed to The Adjutant General of the Army, Selective Service Records Division, Washington, D. C.

SEC. 7. *Registration cards.*—(a) The original registration cards are now filed in sequence of order numbers. It is the purpose of The Adjutant General of the Army to use these cards as an alphabetical index of the cover sheets. Local boards shall therefore arrange their original registration cards in exact dictionary alphabetical order.

(b) The duplicate registration cards which have been returned to local boards by district boards shall be separated into age classes and arranged in each age class alphabetically by name. There shall be four age classes, namely, 18, 19, 20, and over 20. As the registrations of June 5, 1917, June 5, 1918, and August 24, 1918, fall in the last group, the only registration to be divided is the class of September, 1918, and in this latter group the age of the registrant on the date of registration—namely, September 12, 1918—shall govern, as shown in answer to question 3 on the registration card.

(c) When the two sets of registration cards have been arranged as provided in paragraphs (a) and (b), maintaining the proper arrangement, they shall be securely tied in bundles of 500, packed tightly in present filing cases, prepared for crating as provided in section 15, closed as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

SEC. 8. *Cover sheets and contents.*—Under section 17, "Regulations Governing the Disposition of Records of District, Local, and Medical

Advisory Boards," cover sheets and contents have been tied in bundles of 50. Maintaining the sequence of order numbers, cover sheets and contents shall be packed in file cases if same are available, the drawers being packed to full capacity. The steel filing cases shall then be prepared for crating as provided in section 15, crated as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

All cover sheets and contents filed in wooden filing cases shall be retained in such cases, the wooden filing cases boxed as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

Where no filing cases have been provided, maintaining the sequence of order numbers, cover sheets shall be packed in the wooden boxes specified in section 14. Such wooden boxes shall be prepared for closing as provided in section 15, closed as provided in section 16, labeled as provided in section 17, and shipped as provided in section 18.

In case the bundles of cover sheets do not entirely fill a file drawer or box, the next bundle may be untied and divided into two smaller bundles, so as to provide a smaller bundle to fill the drawer or box. When bundles are so divided, each of the two parts thereof shall be securely tied in the same manner as a bundle of 50 and labeled as follows:

The item number of the label on the original bundle shall be retained and the letter "A" shall be suffixed to this item number on the label which is attached to the bundle containing the lower order numbers. Another label bearing the same item number to which is suffixed the letter "B" shall be attached to the bundle containing the higher order numbers. For example, should it be found necessary to divide bundle No. 10 containing cover sheets Nos. 451 to 500, the first part thereof containing order Nos. 451, 452, etc., shall be labeled "10-A," and the second part containing the remaining cover sheets shall be labeled "10-B." No change will be made on the invoice in such cases.

SEC. 9. *Miscellaneous records.*—All other local-board records (including the rubber stamps specified in sec. 11) shall be packed in wooden boxes lined with waterproof paper. Such wooden boxes shall be prepared for closing as provided in section 15; closed as provided in section 16; labeled as provided in section 17; and shipped as provided in section 18.

* SEC. 10. *Report to State headquarters.*—When all the steps specified in sections 7 to 9, inclusive, have been completed, the local board shall telegraph the State draft executive as follows: "Shipped."

SEC. 11. *Other property.*—All other property of local boards shall be disposed of as provided in Part V, with the exception of any rubber stamps bearing the designation of local boards or the facsimile signature of any member or chief clerk thereof. All such stamps shall be wrapped, labeled, invoiced, packed with miscellaneous records, and shipped to The Adjutant General of the Army.

SEC. 12. *Final report to State headquarters.*—When the steps specified in section 11 have been completed, the local board shall forward by mail the two copies of P. M. G. O. Form 4002, specified in section 16 of the "Regulations Governing the Disposition of Records of District, Local, and Medical Advisory Boards" to The Adjutant

General of the Army, Selective Service Records Division, Washington, D. C., and telegraph the State draft executive as follows:
 "Closed."

SEC. 13. *Reports by State headquarters to Provost Marshal General.*—
 On each day the State draft executive shall telegraph to the Provost Marshal General the names of the boards which have shipped their records. This telegram shall be in the following type form:

"CROWDER, *Washington.*

"Shipped New York number twelve comma, Auburn comma, Broom comma, Buffalo number eight comma, district board number one comma, medical advisory board number four."

On each day the State draft executive shall also telegraph to the Provost General the names of the boards which have closed. This telegram shall be in the following type form:

"CROWDER, *Washington.*

"Closed New York number twelve comma, Auburn comma, Broom comma, Buffalo number eight comma, district board number one comma, medical advisory board number four."

1

2

3

4

PART IV.

PACKING AND SHIPPING INSTRUCTIONS.

SEC. 14. *Boxes for cover sheets not in file cases.*—All cover sheets not in file cases shall be packed in wooden boxes the inside dimensions of which shall be 12½ inches wide by 10 inches deep by 24 inches long. These boxes shall be constructed of planed boards of a thickness of not less than seven-eighths of an inch or more than 1 inch. All boxes shall be constructed and lined with waterproof paper in such manner as to provide a secure container that will protect the records from being tampered with while in transit or from suffering damage through exposure to inclement weather conditions. All vacant space in these boxes shall be packed tightly with newspaper to prevent shifting of records.

SEC. 15. *Preparing containers for crating and closing.*—All filing cases and boxes must be so packed as to prevent shifting of contents. The space between the top of the records and the top of the case or box shall be packed tightly with newspaper. The steel filing case shall be securely corded in order to prevent drawers from opening.

SEC. 16. *Crating and closing containers.*—After steel filing cases have been prepared for crating as prescribed in section 15, they shall be crated in the following manner: Two strips of wood not less than ¾ inch thick and 3 inches wide shall be placed together at right angles to each other on each of the four upright corners and four such strips on the top and four such strips on the bottom of each case to join the corner pieces, securely braced by center strip or band extending entirely around case, and tightly nailed.

After wooden filing cases have been prepared for shipment, they shall be entirely boxed. For this purpose stout wooden packing cases shall be secured; the wooden filing case packed closely therein, and all vacant space packed tightly with newspaper.

The lids of wooden boxes must be securely nailed down, and care must be exercised to see that no nails are allowed to pierce the contents of the boxes.

SEC. 17. *Labeling.*—Each box and crate must be labeled with four labels, P. M. G. O. Form 4006, section 30, as follows:

(a) Boxes containing registration cards: One label tacked inside of top cover of box; one on each end on outside of box placed in the middle of each end; one in the center on outside of top cover.

(b) Wooden boxes specified in section 14: One tacked in the center of inside of top cover of box; one tacked in the center of outside of top cover of box; one tacked on each end of box midway between top and bottom thereof.

(c) Other wooden boxes will be labeled in the same manner as directed in paragraph (b) above.

(d) Crates containing steel filing cases: One label tacked on inside of strip on top of crate; one on outside of strip on top of crate as near

the center of the top of the crate as possible; one on strip on each end of crate midway between top and bottom.

SEC. 18. *Shipping instructions.*—No shipment shall be made by any board until all of its records are ready to go forward. Shipments shall be made by *freight only* under Government bills of lading.

Immediately upon the completion of the crating and boxing of records, each local board shall notify the draft executive of the State that it is ready to ship its records and shall advise the draft executive of the total number of crates and boxes to be included in its shipment. This notice shall be given by telegraph and the telegram shall consist of the word "Crated." followed by the number of crates and boxes to be included in the shipment. The shipment shall not be made until receipt of instructions from the draft executive as hereinafter provided. Upon the receipt of such instructions the local board shall deliver the records to the railroad specified in the instructions, at the station and on the date directed by the draft executive of the State.

The draft executive of each State shall confer with the regional director of the United States Railroad Administration relative to the shipment of all records; shall arrange with the regional director of the United States Railroad Administration for the delivery and routing of the records of each local board; and shall advise each local board whose records have been reported crated and boxed of the railroad to which the delivery shall be made and the date on which the railroad will be prepared to receive the records.

The regional directors of the United States Railroad Administration are located as follows:

Allegheny region.—C. M. Markham, Broad Street Station, Philadelphia, Pa.

Central Western region.—Hale Holden, 547 West Jackson Boulevard, Chicago, Ill.

Eastern region.—A. H. Smith, Room 3627, Grand Central Terminal, New York, N. Y.

Northwestern region.—R. H. Aishton, 226 West Jackson Boulevard, Chicago, Ill.

Poconahontas region.—N. D. Maher, Roanoke, Va.

Southern region.—B. L. Winchell, Healy Building, Atlanta, Ga.

Southwestern region.—B. F. Bush, Railroad Exchange Building, St. Louis, Mo.

For the purposes of shipment of the selective service records the States are assigned to the following regions:

Alabama.....	Southern region.
Arizona.....	Central Western region.
Arkansas.....	Southwestern region.
California.....	Central Western region.
	Northwestern region.
Colorado.....	Central Western region.
	Southwestern region.
Connecticut.....	Eastern region.
Delaware.....	Alleghany region.
Florida.....	Southern region.
Georgia.....	Southern region.
Idaho.....	Central Western region.
	Northwestern region.
Illinois.....	Central Western region.
	Alleghany region.
	Eastern region.
	Northwestern region.
	Southern region.
	Southwestern region.
Indiana.....	Eastern region.
	Central Western region.
	Southern region.

Iowa.....	Northwestern region.
	Central Western region.
Kansas.....	Central Western region.
	Southwestern region.
Kentucky.....	Southern region.
	Pocohontas region.
Louisiana.....	Southwestern region.
	Southern region.
Maine.....	Eastern region.
Maryland.....	Alleghany region.
Massachusetts.....	Eastern region.
Michigan.....	Eastern region.
	Northwestern region.
Minnesota.....	Northwestern region.
Mississippi.....	Southern region.
Missouri.....	Southwestern region.
	Central Western region.
	Northwestern region.
Montana.....	Northwestern region.
	Central Western region.
Nebraska.....	Central Western region.
	Northwestern region.
Nevada.....	Central Western region.
New Hampshire.....	Eastern region.
New Jersey.....	Alleghany region.
	Eastern region.
New Mexico.....	Central Western region.
New York.....	Eastern region.
	Alleghany region.
North Carolina.....	Southern region.
	Pocohontas region.
North Dakota.....	Northwestern region.
Ohio.....	Alleghany region.
	Eastern region.
	Southern region.
	Central Western region.
Oklahoma.....	Southwestern region.
	Central Western region.
Oregon.....	Central Western region.
	Northwestern region.
Pennsylvania.....	Alleghany region.
	Eastern region.
Rhode Island.....	Eastern region.
South Carolina.....	Southern region.
South Dakota.....	Northwestern region.
	Central Western region.
Tennessee.....	Southern region.
Texas.....	Southwestern region.
	Central Western region.
Utah.....	Central Western region.
Vermont.....	Eastern region.
Virginia.....	Pocohontas region.
	Alleghany region.
	Southern region.
Washington.....	Northwestern region.
West Virginia.....	Alleghany region.
	Pocohontas region.
Wisconsin.....	Northwestern region.
Wyoming.....	Central Western region.

The State draft executive shall cooperate with the regional director of the United States Railroad Administration in order to insure proper protection and record of the Selective Service records. The success of this undertaking depends upon the supervision given and it is of the utmost importance that the Selective Service records be kept out of transfer platforms so far as possible and practicable.

In order to accomplish this the United States Railroad Administration has directed that cars be assigned on local freight or other trains to pick up the records from the smaller locations so as to concentrate into carloads lots, and that records shall be kept by the regional director of each carload from the point of concentration with the initials, car numbers, and list of shipments in the respective cars. The regional directors have been instructed by the United States Railroad Administration to furnish the State draft executives with the initials, car numbers, and list of shipments in each car. Immediately upon the receipt of this information the State draft executive shall transmit the same to the Provost Marshal General, Washington, D. C.

PART V.

DISPOSITION OF PROPERTY.

SEC. 19. *State disbursing officer charged with checking and sale of property.*—The disbursing officer and agent of the United States appointed in each State under section 31, Selective Service Regulations, second edition, is charged with the checking and sale of all property which was purchased from United States Government funds and which property now is in the possession of any organization or person within his State.

SEC. 20. *Checking of property by State disbursing officer.*—The disbursing officer will be furnished by the Provost Marshal General's office with a triplicate list of property in possession of State headquarters and each board or individual in his State, which list will be compiled from the records in the Provost Marshal General's office. Upon receipt of this list the State disbursing officer shall immediately check with his records of property purchased for the State headquarters, board, or individual official and enter upon the list any article or articles, the purchase of which may not have been reported to the Provost Marshal General's office and for that reason were omitted from the list as furnished by that office. He will also add to the list the purchase price of each article purchased by him and a statement as to whether it was new or secondhand at date of purchase.

SEC. 21. *Checking of property by board.*—Upon completion of entries required by section 20, the State disbursing officer shall transmit two copies of these lists applying to any board, to the chairman of that board. The chairman will call upon another member of the board, who will, together with the chairman, proceed to check the list with the property in possession of the board and with retained copy of property list (P. M. G. O. Form 1043) last forwarded to the Provost Marshal General's office, as required by section 207d, Selective Service Regulations, second edition.

SEC. 22. *Missing articles.*—If any article appearing upon the list furnished by the State disbursing officer is found to be missing, that fact shall be indicated by an entry in red ink on the face of each list and a statement signed by the chairman showing what disposition was made of the missing article will be written upon the back of each said list, which statement will be signed by the chairman and witnessed by the board member making the check with the chairman.

SEC. 23. *Articles not on list furnished by State disbursing officer.*—If any article is found in possession of the board that does not appear upon the list furnished by the State disbursing officer, each such article shall be entered upon the face of such list, together with the purchase price paid for it and a statement as to whether it was new or secondhand at the date of purchase.

SEC. 24. *Local board certificate of correctness on property list.*—Upon completion of this check and accomplishment of the necessary entries as required in the preceding sections, a certificate will be made and signed by the chairman of the board upon the face of each of the two

copies of the property list furnished by the State disbursing officer in the following form:

Local Board No. , State of
City or county. Month.
. , 1919.
Day.

I hereby certify that this is a correct statement of all Government-owned property that is or has been in possession of this board during its existence and up to the present date.

Witness:

.....

Board member.	(Stamp of local board.)	Chairman.
---------------	-------------------------	-----------

SEC. 25. *What to do with certified property list.*—Upon accomplishment of certificate required in section 24, one copy of this list shall be returned by mail to the State disbursing officer, and the other will be retained by the chairman of the board.

SEC. 26. *State disbursing officer to check certified property list.*—Upon receipt of the list from each board, the State disbursing officer shall cause all entries made by the chairman of the board on the list so returned, to be copied on retained copy of the list in his files, after which the list forwarded by the chairman of the board shall be forwarded by the State disbursing officer to the Provost Marshal General's office.

SEC. 27. *Transfer of property.*—All filing equipment necessary for use as containers for shipping of records of headquarters and boards to The Adjutant General of the Army, as required in P. M. G. O. Form 4000, and parts two, three, and four of these regulations (P. M. G. O. Form 4005), will be accounted for on a statement of shipment of such records, which statement will be in the following form:

Local Board No. _____, State of _____,
 _____, 1919.
 _____, _____, 1919.

	Questionnaire cabinets.	Registration cabinets.	Letter cabinets.
Wood.....			
Steel.....			

I hereby certify that this is a correct statement of the number of articles of filing equipment, all Government owned, which were this day shipped via Railroad Co., consigned to The Adjutant General of the Army, Selective Service Records Division, Washington, D. C.

Witness:

.....
Board member.

.....
Chairman.

(Stamp of local board.)

This statement shall be made in triplicate, each copy to be signed by the chairman of the board and another member of the board. The original shall be mailed to the Provost Marshal General direct, one copy shall be forwarded to the State disbursing officer, and the other copy retained by the chairman of the board.

SEC. 28. Sale of property.—All property not transferred to The Adjutant General of the Army as hereinbefore directed, shall be sold immediately upon completion of the work required of boards under "Regulations Governing the Disposition of Records of District, Local, and Medical Advisory Boards" (P. M. G. O. Form 4000), and these regulations (P. M. G. O. Form 4005), in the manner and under the terms hereinafter specified.

SEC. 29. Manner of conducting sale of property.—The chairman of each board shall proceed to the sale of property not herein directed to be otherwise disposed of to the highest bidder on sealed proposals, as follows:

(a) When the estimated sale value of the property to be sold is less than \$500, sealed proposals shall be invited by posting the following notice for not less than 5 days in a conspicuous place outside and near the office of the board at which the sale is to take place:

NOTICE OF SALE.

The following property of the United States Government, purchased for use of for which the Government has no further use by (Local, district, or medical advisory board.) reason of the cessation of operations by the board, will be sold by authority of the Secretary of War, for cash to the highest bidder, on sealed proposals which will be publicly opened at a. m., on day of, 1919, at the quarters of board for

LIST OF PROPERTY.

Model.....	(One flat-top desk (oak). One typewriter desk (oak). Six chairs, etc. Lot consisting of chair, inkstand, etc. ¹ Approximately pounds waste paper.
Property listed may be inspected until between hours of m and m.	(day of sale)

Bidders must inclose with bid a money order or certified check marked "Bid check" for the amount of the bid payable to the order of (State disbursing officer.) This check or money order will be returned to all unsuccessful bidders at the time the award is made.

Bidders must be present or represented when bids are opened. Successful bidders will, upon acceptance of certified check or money order presented in payment, be furnished with a receipted bill of sale giving them title to any article awarded to them, and must be prepared to remove any or all of the articles awarded to them in the bidding, which removal must be without expense to the Government.

The undersigned is vested with authority to reject any or all bids when in his opinion the best interests of the Government may be served thereby.

By authority of
E. H. CROWDER,
Provost Marshal General.

(Stamp of board.)

.....
Chairman.

(b) When the estimated sale value of the property to be sold is in excess of \$500 the chairman, through the proper channels, shall request the Provost Marshal General to secure the necessary authority from the Secretary of War for publishing the notice of sale, which

¹ Miscellaneous articles may be sold by lot where the total appraised value of the lot is less than \$10.

notice shall be in form as hereinabove provided and will be printed single column without display, not less than six times in daily or four times in weekly papers. The publication of the first advertisement to be at least 10 days before the date set for the opening of the bids. Publication in daily newspapers will at once be given four consecutive insertions and immediately before the date of opening of bids two consecutive insertions. Before submitting a request for authorization to publish the notice the chairman shall first obtain the rate from the newspaper in which it is proposed to publish same, and forward a copy of the proposed notice together with the name of the newspaper and the rate obtained, through the proper channels, to the Provost Marshal General.

(c) At the hour fixed in posted or advertised notice of sale the chairman shall open the bids in the office of the board and read them aloud to bidders and others who may assemble. Sale of each article will be made to the highest bidder for such article; unless the offers made are less than the minimum fixed by the Provost Marshal General, which will be transmitted to the chairman of the board through the State disbursing officer; in which event the property shall be left in the custody of the accountable officer, and report of facts submitted to the State disbursing officer for transmittal to the Provost Marshal General for an order of disposal.

(d) After determining the highest bidder, the chairman shall announce that fact to those assembled and call upon the successful bidder to make settlement. The sale will be completed by the chairman furnishing the successful bidder with a receipted bill of sale (P.M.G.O. Form 4007, sec. 31). Only certified check or money order payable to the State disbursing officer shall be accepted as the purchase price. Property shall be removed immediately from the premises by successful bidder without expense to the Government.

(e) The bill of sale on P. M. G. O. Form 4007 shall be made in quadruplicate; one copy to be furnished the successful bidder, one copy to be forwarded to the Provost Marshal General, one copy to be delivered by the chairman to the State disbursing officer, along with the proceeds of the sale, which shall operate as a discharge of accountability by the accountable officer for the articles listed therein, and one copy to be retained by the chairman for his personal files.

(f) The State disbursing officer upon receipt of money order or certified check shall deposit same to the credit of the Treasurer of the United States, and enter amount both as debit and credit on his account current for the month, enter amount as debit and credit in cash book, and notify the Provost Marshal General.

(g) The articles contained on each transfer of property required in section 27 of these instructions and the property listed on bill of sale, required in paragraph E of this section, shall be checked by the State disbursing officer with the list of property charged against the chairman of the board whose signature appears upon such transfer of property or bill of sale.

If the property listed on the transfer of property and the bill of sale checks with the list of property in the office of the State disbursing officer, the accountability for which is charged to the chairman of the board, the State disbursing officer is authorized to make final payment of any money due to the chairman for services ren-

dered the Government, and release him by letter from further accountability for such property.

If any article or articles, for which the chairman of the board is accountable, as shown by the property list in the office of the State disbursing officer, do not appear upon either the transfer of property required under section 22 of these regulations, or on the bill of sale required under paragraph E of this section, the State disbursing officer will furnish the chairman of the board with a list of the articles, including the purchase price paid for each article, that are unaccounted for, and inform the chairman that he must submit a statement explaining the disposition made of the missing articles which should be supported by statements of the other board members and the chief clerk, which papers will be forwarded to the Provost Marshal General for such action as he may deem proper. The State disbursing officer shall not make final payment to the chairman until the Provost Marshal General, by letter, directs that the chairman be released from further accountability for the property.

(h) Waste paper and useless forms will be torn across and sold as waste paper. In order to prevent future claims against the Government, and other abuses, any surplus supply of the following blank forms will be mutilated to such an extent as to be unusable:

Form 68 (registration certificate).

Form 1005 (notice to registrant of classification by district or local board).

Form 1007 (notice to registrant of final classification).

Form 1011 (notice of findings of district or local boards on registrant's physical condition).

Form 1023 (notice of transfer of classification).

Form 1027 (permit for passport).

Form 1028 (order of induction into military service of the United States).

PART VI.

FORMS.

Sec. 30. *P. M. G. O. Form 4006.*—Shipping tags.

U. S. Transportation Order No.	Lot shipment <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="font-size: 0.8em;">of</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> <div style="font-size: 0.7em; margin-top: 2px;"> (Number of this (Total number crate or box.) of crates and boxes.) </div>									
TACK INSIDE OF COVER.	To the Adjutant General of the Army, WASHINGTON, D. C. SELECTIVE SERVICE RECORDS DIVISION.									
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Sec. 31. *P. M. G. O., Form No. 4007.*—Bill of Sale.

P. M. G. O. Form 4037.

*Bill of sale of property sold on sealed proposals under authority of sections 28 and 29,
P. M. G. O. Form 4005.*

In consideration of dollars
paid to me, chairman of board,
(Local, district, or medical advisory.)
No., for State of
(City or county.)
as agent for the United States, by
(Name of purchaser.)
of State of
(Street number.) (City or town.)
I, as agent for the United States, hereby sell and deliver to the said
(Name of purchaser.)
the goods, chattels, and personal property mentioned below, to wit:

List of articles sold.	Amount paid for each article.

The receipt of payment for the above-mentioned property, in the form of
..... on;
(Certified check or money order.) (Bank, post office, or Express company.)
in the amount of dollars
and cents, is hereby acknowledged.

..... Chairman.
.....
(Designation of board.)

Witness: State of



WAR DEPARTMENT.
OFFICE OF THE PROVOST MARSHAL GENERAL.
WASHINGTON.

OCTOBER 31, 1918.

PHYSICAL EXAMINATION OF REGISTRANTS.

To Medical Examiners Under the Selective Service:

This letter is addressed to all connected with physical examinations of registrants, with the object of bringing to each one a clear conception of the importance of the work and the need for close cooperation. The letter will be followed by suggestions, from time to time, as to how such cooperation may be obtained.

With a full appreciation that physical examination is the last step in the selective-service work, and that upon it rests the final determination of the fitness of registrants for military service, the Provost Marshal General has established a Medical Division in his office. This division comes in direct touch with Medical Aides, and through them with all board examiners. It studies the results of the work of medical examiners in each State, as indicated by the reports of final examinations made at mobilization camps.

It is desirable that board examiners should be made aware that a report of every case that is rejected at camp is filed in the Provost Marshal General's Office; that these rejections are classified by States; and that each Local Board of each State has all of its rejections filed separately. Each of the 4,648 Local Boards of the United States discloses thereby its own individuality to the Medical Division of the Provost Marshal General's Office. The division knows just what character of work is being done; what number of cases of obvious defects have been sent to camp by each board; what number of cases of heart disease have passed undetected; how many cases of hernia have been wrongly grouped and inducted for general military service; in fact, just what the quality of work has been in every branch of examination, as well as the degree of care exercised in reviewing Form 1010.

There is being compiled in the Medical Division, a list of examiners pertaining to every board in the United States, so that the name of each examiner will be filed with the record of the work done by him. This is not a dead, unused file. To improve the character of the work of all boards these records are being analyzed, to indicate to Medical Aides just what the failings are in their States. Medical Aides are expected to promulgate this information to all concerned.

Examining physicians are urged to invoke the assistance of the Medical Aide in resolving all doubtful points as to physical standards, in securing substitutes or additional examiners where necessary, and in other contingencies which may arise in connection with the medical problems of the draft.

By attention to the following points, the percentage of rejections may be markedly reduced in each Local Board:

(1) Careful study and compliance with the regulations set forth in the second edition of Form 75, P. M. G. O., in connection with the Physical Examination Chart, Form 78, P. M. G. O.

(2) Review of Form 1010 for each registrant to whom Form 1028 is to be issued, before the latter is sent.

(3) Inspection of registrants when they report in response to Form 1028, to see that they are in as good physical condition as when they were certified on Form 1010.

(4) Care in studying the calls for *men qualified for special or limited service only*. So far as possible the calls will specify the line of duty to which the men are to be assigned; and, under such calls, there may be sent only such men as are qualified for the kind of occupation indicated in the call.

The importance and responsible character of the work of draft boards is outlined in the following extract from the Selective Service Regulations:

SECTION 33.

Section 6 of the selective-service law provides that: " * * * All persons designated or appointed under regulations prescribed by the President, whether such appointments are made by the President himself or by the governor or other officer of any State or Territory to perform any duty in the execution of this act, are hereby required to perform such duty as the President shall order or direct, and all such officers and agents and persons so designated or appointed shall hereby have full authority for all acts done by them in the execution of this act by the direction of the President. * * * Any person charged as herein provided with the duty of carrying into effect any of the provisions of this act or the regulations made or directions given thereunder who shall fail or neglect to perform such duty * * * or who, in any manner, shall fail or neglect fully to perform any duty required of him in the execution of this act, shall, if not subject to military law, be guilty of a misdemeanor, and upon conviction in the District Court of the United States having jurisdiction thereof, be punished by imprisonment for not more than one year, or, if subject to military law, shall be tried by court-martial and suffer such punishment as a court-martial may direct."

"Under this authority members of boards are as effectively drafted for this duty as are registrants who are selected for military service and as such are entitled and should be given deferred classification whenever certified by the governor of the State as necessary in the administration of the selective-service law. Appointments and changes in membership of boards will be made by the President upon the recommendation of the governor. Applications for relief from such appointments should be made to the governor, who should investigate the circumstances and recommend relief only in cases involving hardship. Applications for such relief will be considered only when submitted through the governor. The telegraph should be used in making these recommendations only in cases whose urgency seems to justify the additional expense."

It must not be forgotten that the most important factor in the making of a soldier is his physical and mental condition. The responsibility for determining this falls upon the medical examiner.

Selection for service is the first step toward a victorious Army. That step is taken by selective-service boards.

E. H. CROWDER,
Provost Marshal General.

U.S. Printing Office
= general

Manual of Instructions for Medical Advisory Boards



Prescribed by the President under the authority
vested in him by the terms of the Selective
Service Law (Act of Congress ap-
proved May 18, 1917)

Office of the Provost Marshal General

Form 64



Washington
Government Printing Office
1918

WAR DEPARTMENT,

Washington, 14th day of February, 1918.

Under the authority vested in him by the Act of Congress, May 18, 1917, the President of the United States prescribes this Manual of Instructions for Medical Advisory Boards, prepared under the direction of the Surgeon General of the Army, and directs that they be published for the government of all concerned, and that they be strictly observed.

NEWTON D. BAKER,
Secretary of War.

MANUAL OF INSTRUCTIONS FOR MEDICAL ADVISORY BOARDS.

REGULATIONS FOR THE PHYSICAL EXAMINATION OF REG- ISTRANTS REFERRED TO THE MEDICAL ADVISORY BOARDS.

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I. PRELIMINARY STATEMENT.

Functions of Medical Advisory Boards.

Medical Advisory Boards have no power to determine finally whether a registrant shall be accepted or rejected for military service. This power is placed by the Selective Service Law in the Local and District Boards of Exemption. The functions of the Medical Advisory Boards are, as the name imports, to examine registrants referred to them by the Exemption Boards and State Adjutants General, and to return the result of their examinations, inserted at the proper places in Form 1010 P. M. G. O., "Report of Physical Examination" (section 282, Selective-Service Regulations, page 155).

Section 44, S. S. R., states the functions of Medical Advisory Boards as follows:

There have been provided in the various counties, cities, and other localities throughout the United States, Medical Advisory Boards, who will examine registrants sent to them by Local Boards or State Adjutants General for examination, and will advise such Local Boards or State Adjutants General concerning the physical condition of such registrants. Upon the advice so obtained, Local Boards may proceed to a final determination concerning the physical qualifications of such registrants.

This MANUAL OF INSTRUCTIONS FOR MEDICAL ADVISORY BOARDS is not part of the Selective-Service Regulations, but consists of the enunciation of rules and standards which are to govern Medical Advisory Boards in making their examinations and arriving at their opinions concerning the physical and mental qualifications of registrants, and in conducting their business and transmitting their reports, advice, and recommendations.

Certain sections of the Selective-Service Regulations relating to and governing the action and procedure of Medical Advisory Boards, together with rules of organization and procedure, are printed as an appendix at the end of this Manual, for convenient reference. They must be carefully read and observed.

The Selective-Service Regulations contains, as an integral part thereof, namely Part VIII (sections 182 to 188, inclusive), regulations governing physical examination of registrants by the examining physicians of Local Boards. For convenience of the Medical Advisory Boards these regulations governing Local Board's physical examinations are reprinted, in appropriate places

throughout this Manual, in order that Medical Advisory Boards may be fully advised concerning the standards of acceptance and rejection by examining physicians of Local Boards and concerning the regulations requiring the reference of doubtful and remediable cases to the Medical Advisory Boards.

From the foregoing it is apparent that the injunctions herein contained to accept or reject registrants, or to place them in certain groups in accordance with their respective physical qualifications, is not to be taken as importing that the action of Medical Advisory Boards is final. But these Instructions are rules and standards to guide Medical Advisory Boards in arriving at their decisions and in formulating their reports of their examinations on Form 1010.

This MANUAL OF INSTRUCTIONS FOR MEDICAL ADVISORY BOARDS has been prepared by a board of qualified specialists, including military surgeons, appointed by the Surgeon General; and the rules and standards herein set forth relating to examinations by the examining physicians of Local Boards, as well as by the Medical Advisory Boards, are based upon the same rules and standards that are to be followed by the military examining surgeons at cantonments or recruiting stations. In this manner it is expected that no registrants found by the boards to be qualified for military service will be rejected upon their subsequent examination by the examining surgeons at the camps.

Distribution of Registrants into Four General Groups.

Section 128½ of the Selective-Service Regulations provides as follows:

The Regulations (Part VIII) governing physical examinations by Local Boards prescribe a standard of unconditional acceptance and a standard of unconditional rejection. All cases found, upon physical examination by a Local Board, falling between these two standards shall be referred by the Local Board to the Medical Advisory Board in the same manner as other cases that are required by these regulations so to be referred. Cases so referred as falling between these two standards, and cases referred to Medical Advisory Boards under other provisions of these regulations, shall be examined by the Medical Advisory

Boards, who, after examination in accordance with the Manual of Instructions for Medical Advisory Boards (Form 64, P. M. G. O.), shall:

A. Accept the registrant as physically qualified for general military service; or,

B. Accept the registrant as physically qualified for general military service when cured of ——— (naming a remediable defect for which acceptance is authorized in the Manual of Instructions for Medical Advisory Boards, Form 64, P. M. G. O.); or,

C. Accept the registrant as physically qualified for special or limited military service in a named occupation or capacity; or,

D. Reject the registrant;
and shall record their finding in the proper spaces provided on Form 1010.

Medical Advisory Boards shall find a registrant physically qualified for general military service (Rule A above) only when he falls within the standard of unconditional acceptance as prescribed in Sections 182 to 188, inclusive, as further explained and amplified by the Manual of Instructions for Medical Advisory Boards (Form 64, P. M. G. O.), including cases of slight remediable defects not included under foregoing Rule B.

Medical Advisory Boards shall find a registrant physically qualified for general military service **WHEN CURED OF A REMEDIABLE DEFECT** (Rule B above) only in those cases when such acceptance is specifically authorized in the Manual of Instructions for Medical Advisory Boards (Form 64, P. M. G. O.); namely, when a registrant is found to fall within the "deferred remediable group."

When a Medical Advisory Board determines that a registrant should be accepted for general military service **WHEN CURED OF SUCH REMEDIABLE DEFECTS** (Rule B above) the Medical Advisory Board shall insert in ink in the space provided on page 2 of Form 1010, under the general heading "PHYSICAL EXAMINATION BY MEDICAL ADVISORY BOARD," and following the words "Physically qualified for general military service," the words "when cured of ———,"

followed by the name or diagnosis of the remediable defect, which name or diagnosis is to be followed by a circle in black ink. Upon return to the Local Board of the record (Form 1010) in such a case, and if the finding of the Medical Advisory Board is confirmed by the Local Board, the registrant's place in the classification column shall not be changed, but the Local Board shall, **WITH BLACK INK**, inscribe a bold circle around the cross mark (X) or cipher (0) in such classification column; and such registrant shall be inducted into military service, after his order number is reached, and at such time as may be designated by the Surgeon General of the Army, and shall be sent to cantonment base hospitals, reconstruction camps, or civic general hospitals as may be determined by the Surgeon General.

Registrants shall be found by Medical Advisory Boards as "physically qualified for special or limited military service" (Rule C above) only in those cases described in the Manual of Instructions for Medical Advisory Boards (Form 64 P. M. G. O.), and in such cases the Medical Advisory Boards shall designate the occupation or class of service for which such persons are physically qualified in the space provided on page 2, under the general heading "PHYSICAL EXAMINATION BY MEDICAL ADVISORY BOARD" (Form 1010 P. M. G. O.), after the words "physically qualified for special or limited military service as" _____. If such finding is confirmed by the Local Board the same shall be indicated on the Classification List as provided by section 124.

Registrants shall be found by Medical Advisory Boards as physically deficient and not physically qualified for military service (Rule D above) only when they fall within the standards of unconditional rejections as prescribed in sections 182 to 188, inclusive, as further explained and amplified by the Manual of Instructions for Medical Advisory Boards (Form 64 P. M. G. O.).

When a Medical Advisory Board delays the examination of a registrant on account of temporary defect it must return to the proper Local Board form 1010 with a statement attached thereto

(but not written thereon), stating the reason for delay, and fixing a definite period of time within which the registrant shall be sent back to it. At the end of said period, or earlier, if it believe the temporary defect is removed, the Local Board shall send the registrant back to the Medical Advisory Board, unless the Local Board believes that the examination should be further delayed, in which event it shall report the facts upon which its belief is based to the Medical Advisory Board and request its instructions.

The foregoing regulation, quoted from the Selective-Service Regulations, clearly indicates the four groups into which Medical Advisory Boards shall place registrants as a result of the physical examinations in accordance with this Manual of Instructions.

Further Instructions and Explanation as to Groups.

In other words Group A shall contain registrants found to be qualified for general military service within the standards of unconditional acceptance, including registrants with slight remediable defects; for example, a registrant who, under examination of the nose, is found to have: "Benign growth of any kind, nasal polypi, hypertrophy of the mucous membrane, benign superficial ulcerations, deviation of the septum." And for a further example: "Registrants with single or multiple lesions of the skin of a nonmalignant character which, in the judgment of the Medical Advisory Board, are remediable by treatment." And for a further example: "Registrants with benign tumors of the neck."

Registrants with such slight remediable defects shall be held physically qualified for general military service, the defects to be remedied after the registrant enters the cantonment (if not remedied pending orders).

All registrants coming within the foregoing definition and as specifically indicated in the instructions in this Manual, are to be included in Group A and reported as physically qualified for general military service in the place indicated on Form 1010.

Group B shall contain registrants who are found to be physically qualified for general military service *when cured* of some remediable defect, which is of such a character that it must be remedied or cured before the registrant can be ordered to camp. This group is called

"the deferred remediable group." It includes registrants who have incapacitating but remediable defects. Such defects will be remedied, *when the registrant is called*, in such hospitals as may be designated by the Surgeon General. In this group "the deferred remediable group," will be placed registrants suffering, for example, "with large hernia," with trachoma, from drug addiction, "with large remediable ulcers," "with the lesion of the skin distinctly malignant, apparently curable," registrants suffering with conjunctivitis and other specially mentioned diseases of the eyes.

Registrants placed in this group will be reported as "physically qualified for general military service when cured of _____" (the name or diagnosis of the remediable defect), and shall be reported on Form 1010 in the manner provided in section 128½, S. S. R., above quoted.

Group C shall contain registrants who are found to be not within the standard of unconditional acceptance on account of defects which are not remediable, nor sufficiently incapacitating to bring them within the condition of unconditional rejection. This is the group of registrants who may be found to be qualified for special or limited military service. For example, registrants who are suffering "with ankylosis of the lower jaw, perforations of the hard palate, registrants who do not have the minimum dental requirements" for general military service nor for placing in Group B, but who are physically qualified in other respects, and this without regard to the condition or absence of all teeth, etc. Registrants in this group shall be reported on Form 1010, as provided in foregoing section 128½, S. S. R., for special or limited military service in the particular occupation or capacity which must be named in the report.

Group D shall contain all registrants coming within the standards of unconditional rejection and includes all cases not included in Groups A, B, and C. Such registrants must be reported on Form 1010 as "physically deficient and not physically qualified for military service by reason of _____" (the reason for the disqualification to be stated in the blank provided).

In arriving at their decisions concerning the physical qualifications of registrants, Medical Advisory Boards must be governed, as to the grouping of registrants, by the specific instructions contained in this Manual.

Headquarters. Headquarters, Expenses, Correspondence.

Medical Advisory Boards must conduct all their proceedings in strict accordance with these regulations and the Selective-Service Regulations, and at the headquarters of the Board.

No physical examination, nor any part thereof, shall be conducted elsewhere (and especially not at the private office of a member of the Board) except in case of absolute necessity and for the purpose of utilizing apparatus which is not available elsewhere.

Expenses.

Applications for authority to incur clerical and all other expenses (including such expenses as payment for materials in X-ray work, etc.) must be made, before the expense is incurred, to the Governor. (See sections 43(d), 198, 204 and 208 S. S. R. printed in the appendix.)

Correspondence.

All inquiries, requests for interpretations, reports, and communications of every character (except those with Local Boards) must be addressed to the Governor or State Adjutant General, either directly or through the Medical Aide to the Governor. When necessary such communications will be forwarded through proper channels to the Surgeon General. (See sec. 25, S. S. R., printed in the appendix.)

Regulation for Local Board. (Section 182 S. S. R.)

Form: See sec. 282.

In view of the contemplation of a further investigation and classification of registrants physically qualified for special and limited military service who have *not* the physical qualifications for general military service, and in view of the decision to accept some registrants for general military service with remediable defects, who are otherwise physically and mentally qualified for military service, the following new regulations for the physical examination of registrants by the physician on the Local Board become necessary.

Acceptance, general service.

Local Boards can accept registrants for general military service only when they come within the standards for unconditional acceptance with or without remediable defects.

Rejection, general service.

Local Boards can reject registrants for general military service only when the registrant comes within the standards of unconditional rejection.

All other registrants must be referred by the Local Board to the Medical Advisory Board for further examination and classification. Other cases.

Physicians on the Local Board are not required to make a complete examination of every registrant. The moment the physician on the Local Board finds a mental or physical defect placing the registrant within the standards of unconditional rejection the physician on the Local Board shall indicate this on Form 1010, section 282, page 156, after "physically deficient and not physically qualified for military service by reason of"—in the space following write the disqualifying defect. Unconditional rejection.

In all other cases the Local Board shall make a complete examination of registrants; and when the physician on the Local Board finds a defect which does not come within the standards of unconditional rejection, but does take the registrant out of the class within the standards of unconditional acceptance, he shall proceed to make a complete examination and will then refer the registrant to the Medical Advisory Board, reporting the result of the complete examination, including a report of the defect or defects, on Form 1010. (Sec. 282, p. 156.) Physical examination.

Registrants can not be declared physically qualified for general military service (see Form 1010, section 282, p. 156) until the complete examination has been made by the physician on the Local Board, with the finding that the candidate comes in every instance within the standards of unconditional acceptance with or without remediable defect. Then it is so noted and recorded on Form 1010, section 282, page 156, and if there is a remediable defect, this is also recorded after "physically qualified for general military service." (C. S. S. R. No. 3, Jan. 28, 1918.) Acceptance general service only after complete examination.

For Medical Advisory Boards.

This Manual contains the new and more definite regulations for the physical examination of registrants for the guidance of the Medical Advisory Boards.

The object of these regulations is to insure greater efficiency in the Selective Service. *The members of Medical Advisory Boards should consider the regulations as a guide to their discretion. Therefore the regulations are not to be construed too arbitrarily. The object of the regulations is to procure men who are physically fit, or who can be made so,*

for the rigors of field service, and the determination of this question is left to the judgment and discretion of Local and District Boards as advised by local examining physicians and by the Medical Advisory Boards.

There should be cooperation between the LOCAL BOARDS and the ADVISORY BOARDS. Cooperation may be made practicable through consultations and conferences between the LOCAL BOARDS and ADVISORY BOARDS when this is possible. The majority of the Advisory Boards will have the opportunity to be in close touch with the Local Boards of their jurisdiction. In some large advisory districts the opportunity for frequent conference and consultation may be infrequent and difficult. However, through conferences between the Medical Aide to the Governor, the Chairman and the Secretary of the Local Boards, and of the Advisory Boards, ways and means for cooperation may be found with the object of securing greater efficiency in the physical examination of registrants.

A Medical Advisory Board which has a full personnel of qualified specialists will be able to make a thorough examination. The number of members is not limited, and additional members of Advisory Boards may be nominated at any time, through the Medical Aide, by the Governor for appointment by the President. (See sec. 29, S. S. R.)

The personnel of the Advisory Board should be kept at all times as full as efficiency demands. Members of the Advisory Boards who hold commissions in the Medical Reserve Corps, when assigned by the Surgeon General to active duty, automatically cease to be members of the Advisory Boards. Places on Advisory Boards thus made vacant may be filled as stated.

The standard of efficiency of the Advisory Board should result in the rejection of all registrants referred to the Advisory Board for examination who are physically and mentally defective within the standards of unconditional rejection. This is very important as a measure of economy and justice to the Government, the Army, and the registrant.

On the other hand, it is just as important that the Medical Advisory Board should recognize and accept the registrants who are physically and mentally fit for general military service who are found to come within

the standards of unconditional acceptance with or without remediable defect.

In those States and localities where it is impossible to organize an Advisory Board with a complete personnel of qualified specialists it is not expected that the Advisory Board will be able to carry out the complete directions for the physical examination of those registrants who require it. In this emergency the Medical Aide to the Governor, with the latter's authorization, should make provision, if possible, for the registrant to be examined by competent specialists who may not be members of Advisory Boards, or recommend that such registrants be accepted by the Local Board and sent to the cantonment for reexamination. The Advisory Board should examine registrants at the established headquarters of the Board, which by preference should be a general hospital. In certain emergencies the registrant may be sent elsewhere for special examination, such as taking a roentgenogram, withdrawing spinal fluid, eye and ear tests, etc.

The Advisory Board is *not* required to make a complete examination of every registrant. At that point in the course of the examination when it is found that the registrant is physically or mentally unfit within the standards of unconditional rejection, he shall be rejected.

The place, order, and method of the general examination by Advisory Boards should be the same as that advised for Local Boards. The procedure and methods of more exhaustive examination by Advisory Boards are included in this Manual.

After the Advisory Board has completed the examination of the registrant, the Chairman or a designated member of the Advisory Board shall certify the result in the proper space on Form 1010, and return the result in triplicate to the Local Board through the mail or by messenger.

It is the duty of the Advisory Board to advise the Local Board to classify all registrants examined by the Advisory Board as indicated in Form 1010.

Those registrants who upon complete examination are found to come within the standards of unconditional acceptance with or without remedial defect, as indicated in the regulations for Local Boards, Part VIII, sections

182 to 188 inclusive, shall be reported as physically and mentally qualified for general military service. Group A.

Those registrants who are found to come within the standards of unconditional acceptance for general military service, who have a remediable defect in the form of large hernia, trachoma, drug addiction, and other conditions described in this Manual, sections III to XXI, shall be accepted and designated by the Advisory Board by the diagnosis of the remediable defect, hernia, trachoma, drug addict, etc., followed by a circle in black ink.

This designated group of registrants, (Group B or "deferred remediable group") *when called*, will be remedied in cantonment base hospitals, reconstruction camps, or civic general hospitals as may be ordered by the Surgeon General. It is recognized that registrants who suffer from trachoma and also drug addicts must be segregated in special camps for treatment.

Those registrants found by the Advisory Boards physically and mentally unfit for general military service because they do not come within the standards of unconditional acceptance, *but who are found to be physically and mentally fit for special or limited military service*, shall be designated in Form 1010 by the diagnosis and occupation. This group (Group C) is clearly defined in this Manual, sections III to XXI.

Those registrants found by the Advisory Boards to come within the standards of *unconditional rejection* (Group D) shall be so designated in Form 1010, followed by the diagnosis.

II. PLACE, ORDER, AND METHOD OF EXAMINATION.

Regulations for Local Board. (Section 183, S. S. R.)

Method.

The physical examination should take place in a large, well-lighted room. Question the registrant first about his physical condition, observe his mental characteristics and speech.

Be on the lookout for malingering throughout the entire examination. Examine the scalp and face, nose, teeth, mouth, and fauces. Palpate the skull, then have the registrant strip of all his clothing, and make a general inspection of the skin over the entire body, of the conformation of the back, chest, and abdomen, of the region of the neck and buttocks, and of the upper and lower extremities. Inspect for the bulgings of hernia,

inspect the genitals, palpate the testicles, inspect the anus, tell the registrant to move all the joints of the extremities and to bend the neck and body for observations on movements of the spine.

Take the weight and height and chest measurements while the registrant is stripped of all his clothing. The chest measurements are taken on the level just above the nipple with the tape horizontal.

During examination of the chest and of the eye and ear the registrant may put on his underdrawers, trousers, shoes, and stockings.

Guard against the registrant becoming chilled.

Physical examination.

The local physician can use his judgment as to the order of the physical examination. (C. S. S. R. No. 3, Jan. 28, 1918.)

These regulations may be followed by the Medical Advisory Board.

SPECIAL EXAMINATIONS AND STANDARDS FOR UNCONDITIONAL REJECTION, UNCONDITIONAL ACCEPTANCE, WITH OR WITHOUT REMEDIABLE DEFECTS, AND REFERENCE TO THE MEDICAL ADVISORY BOARDS.

Regulations for the Local Board. (Section 184, S. S. R.)

Remember that the Local Boards can accept or reject for general military service or refer the registrant to the Medical Advisory Board for further examination and classification. The Local Boards can not place the candidate in the class "physically qualified for special or limited military service," except upon and in accordance with the finding and recommendation of the Medical Advisory Board.

Authority Local Boards.

III. MENTAL AND NERVOUS.

Regulations for Local Board. (Section 184(a), S. S. R.)

Reject insanity, epilepsy, idiots, imbeciles, and proven chronic alcoholism when the examination places the registrants within the standards of unconditional rejection as defined below.

Rejection

Insanity.—All registrants who are committed or who have been committed to a licensed institution for insane or licensed private institution, who bring proof from verified records of institution or State Boards.

Rejection.

Epilepsy.—The registrant will be declared an epileptic when verified histories establish the disease as of long duration and of the type of grand mal.

Rejection.

Rejection.

Idiot.—A registrant so deeply defective in mind from birth or from early age that he is unable to guard himself against common physical danger.

Rejection.

Imbecile.—A registrant so deeply defective in mind from birth or from early age as to be incapable of earning a livelihood, but able to guard himself against common physical danger.

Rejection.

Chronic alcoholism.—The registrant on examination must show suffused eyes, prominent superficial blood-vessels of nose and cheek, flabby, bloated face, red or pale purplish discoloration of mucous membrane of pharynx, and soft palate; muscular tremor in the protruded tongue and extended fingers, tremulous handwriting, emotionalism, prevarication, suspicion, auditory and visual hallucinations, persecutory ideas.

Frequent intoxication not of itself sufficient for rejection.

The history or evidence that the registrant has been frequently and grossly intoxicated is not of itself sufficient for a diagnosis of chronic alcoholism and rejection.

Physical examination.

Accept all registrants with apparent normal understanding and whose speech can be understood and who have no definite signs of organic disease of the brain, spinal cord, and peripheral nerves.

Refer all other registrants to the Medical Advisory Board.

Regulation for Medical Advisory Boards.

Reject all registrants as physically deficient and not physically qualified for military service by reason of—(give diagnosis) when the verified history or examination indicates the presence of or previous history of mental disease, disabling psychoneuroses, or organic diseases of the brain, spinal cord and peripheral nerves. No case of nervous or mental disease should be accepted for limited or special service. Reject all of this class [*except drug addicts*], who are not believed to be capable of performing general military service.

INSANITY.

Reject.

A registrant shall be rejected when there is a verified history of a mental disease that required hospital treatment or observation even when at the examination by the Medical Advisory Board the registrant is apparently mentally normal. The circumstances should, however, be inquired into with great care.

The following are the most important clinical forms of insanity:

Paresis (general paralysis).—The diagnosis of paresis may be made when at the examination of the registrant a majority of the following signs and symptoms are demonstrated: Argyll-Robertson pupil or pupils, facial tremor, speech defect in test phrases, and in the slurring and distortion of words in conversation, writing defects consisting of omissions and the distortion of words. Apathetic or depressed or euphoric mood; these registrants may show memory loss, discrepancies in relating facts of life; the knee jerks may be plus, minus, or normal. Doubtful cases to be verified by Wasserman test of blood and examination of cerebrospinal fluid. If means of withdrawal of the cerebro-spinal fluid are not readily available, the registrant shall be accepted when there are no objective findings. Reject.

Dementia precox.—Look for indifference, apathy, withdrawal from environment, ideas of reference and persecution, feelings of the mind being tampered with, of thoughts being controlled by hypnotic, spiritualistic, or other mysterious agencies, hallucinations of hearing, bodily hallucinations, frequently of electrical or sexual character; meaningless smiles; in general, inappropriate emotional reaction and a lack of connectedness in conversation. There may be sudden emotional or motor outbursts. Get history of family life and of school, vocational, and personal career. Reject.

Manic-depressive insanity.—Look for mild depression with or without feeling of inadequacy or mild manic states with exhilaration, talkativeness, and overactivity. Reject.

PSYCHONEUROSES.—Registrants who have been actually and continuously incapacitated for a period of six months prior to May 18, 1917, from symptoms of hysteria, neurasthenia, psychasthenia, constitutional psychopathic state, etc., should be rejected. Reject.

Others, although presenting hysterical stigmata or even hysterical paralysis, should be accepted. Accept.

EPILEPSY.—The registrant will be considered an epileptic when a history verified by physicians, scars of tongue, face, and head, and possibly characteristic voice, establish the disease as of long duration and of the type of *grand mal*.

TREMORS, CHOREAS, AND TICS.

Tremors do not disqualify by themselves. Chronic essential choreas should disqualify. Tics, or spasms of

groups of muscles, should be considered in relation to the disability they occasion. Decision in these disorders is in the discretion of the medical advisory board.

ORGANIC DISEASES OF THE BRAIN, SPINAL CORD, AND PERIPHERAL NERVES.

Reject.

Registrants shall be rejected when the examination reveals definite signs and evidences of organic nervous disease—except that registrants in whom the history suggests an organic disease of the nervous system, and who may have certain after effects, shall be accepted as physically qualified for military service, provided (a) the disease is no longer operative and is not likely to recur, and (b) the effect left by the disease will not prevent a satisfactory fulfillment of general military duties. Examples: Paralysis of a few unimportant muscles following poliomyelitis, slight unilateral hypertonicity as a result of infantile hemiplegia in a man now robust, and various traumatic conditions. A history of hemiplegia occurring after infancy should always be a cause of rejection, even if no symptoms remain.

When the medical advisory board is in any doubt as to the diagnosis of paresis or tabes or cerebro-spinal syphilis the usual test of the blood and the cerebro-spinal fluid may be made. When the spinal fluid is Wassermann positive, and there is an increase of the cellular count and globulin content the registrant shall be rejected, because all cases of proven syphilis of the central nervous system rejects the registrant from all military service. If means of withdrawal of cerebro-spinal fluid are not readily available, the registrants should be accepted.

The following organic nervous diseases are often overlooked in the early stages:

Tabes (or locomotor ataxia).—The diagnosis of this disease may be made when, at the examination of the registrant, several of the following signs and symptoms are present: Argyll-Robertson pupil or pupils; absent knee jerk; Romberg symptom, ataxia of hands or legs (especially with closed eyes), hypotonia, anesthetic areas of skin; the history is usually that of slow progression, of failing sexual power, and pain in the legs and back, often described as rheumatism.

Cerebro-spinal syphilis.—The prominent diagnostic signs and symptoms are headache, pains in spine, pain referred

to distant regions through the involved cerebral and spinal nerves, varying deep and superficial reflexes, pupillary changes, ptosis and ocular palsies, facial weakness; mental state normal, dull, or apathetic. Look for comparative motor weakness of one side. A blood or spinal fluid Wasserman test may be necessary to make a definite diagnosis.

Multiple sclerosis.—The diagnosis of this disease rests upon the following signs and symptoms: Intention tremor, nystagmus, absent abdominal reflexes, increased tendon reflexes, and scanning speech; in cases of this kind the history obtained is not characteristic, but sometimes there may be a history of urinary disturbances.

Muscular atrophies and dystrophies.—Progressive muscular atrophies and dystrophies shall be considered organic diseases of the nervous system and disqualify. The signs and symptoms are: Atrophies of the small muscles of the hand and in the muscles of the shoulder, with fibrillary twitchings.

The history rarely furnishes reliable data, although reference may be made to awkwardness. There is no history of pain.

DRUG ADDICTION.

Registrants with history or symptoms of drug addiction, if otherwise mentally and physically fit for military service, shall be accepted for general military service in the deferred remediable group (Group B) and be so indicated by the Medical Advisory Board. Accept.

CHRONIC ALCOHOLISM.

The registrant who shows the majority of the symptoms mentioned in reference to chronic alcoholism in regulations for the Local Board shall be rejected.

IV. SKIN.

Regulations for the Local Board. (Section 184(b), S. S. R.)

Reject registrants who have long-existing skin diseases which are so severe or so disfiguring as to be permanently incapacitating, or so disgusting or so disfiguring as to render the sufferers from them unsuitable for common social intercourse, or long-existing ulcers so severe or so extensive as to be permanently incapacitating. Rejection.

Acceptance. Refer remediable ulcers to the Medical Advisory Board.

Accept registrants who have skin diseases which run an acute or temporary course, or are trivial in character, or do not interfere with the general health, or are not incapacitating. Among the common skin conditions coming in this category are: Acne, Anomalies of Pigmentation, Scars, Condylomata, Diseases produced by pus infection, Eczemas which have not been of long duration, all forms of Naevi not producing great disfigurement or deformity, all forms of Pediculosis, Scabies, Psoriasis, all forms of Ringworm, Warts, Callosities.

Refer all other cases of skin diseases to the Medical Advisory Board.

Diseases of temporary character to be treated. Registrants with infectious, syphilitic, and parasitic diseases of the skin of temporary character, or with other acute skin diseases, should be advised to accept treatment immediately, pending receipt of orders to report for duty.

Acceptance. *Accept* all registrants with syphilitic lesions of the skin.

Regulations for the Medical Advisory Board.

Reject. Registrants suffering with the following diseases of the skin shall be rejected as physically deficient and not physically qualified for military service by reason of—

- Actinomycosis.
- Dermatitis herpetiformis of long duration.
- Epidermolysis bullosa.
- Forms of Universal Dermatitis of long duration.
- Glanders.
- Idiopathic Multiple Hemorrhagic Sarcoma of Skin.
- Mycosis fungoides.
- Pemphigus chronicus of long duration.
- Pemphigus foliaceus.
- Pemphigus vegetans.

Accept. When the Medical Advisory Board is unable to make the correct diagnosis of one of the above diseases of the skin they may accept the registrant unless the skin lesion comes within the standard of unconditional rejection as defined in the Regulations to the Local Board. If not use their own judgment.

Registrants with single or multiple lesions of the skin of a nonmalignant character which, in the judgment of the Medical Advisory Board, are remediable by treatment shall be accepted for general military service.

Registrants with large remediable ulcers shall be accepted for general military service in the deferred remediable group. (Group B.) Accept.

Registrants with a lesion of the skin distinctly malignant, apparently curable, shall be accepted for general military service and placed in the deferred remediable group. (Group B.) Accept.

Registrants who bring authentic proof that they have been operated upon for a malignant tumor of the skin, and who at the examination show no evidence of recurrence, shall be accepted for general military service when in the opinion of the Medical Advisory Board there is no great likelihood of recurrence. Accept.

Registrants with a definite cancer of the lower lip or with a history verified by data that they have had removed from the lower lip by operation or otherwise a cancer of the lower lip shall be accepted for general military service only when the glands of the neck have also been removed and the microscopic section (verified by two pathologists) show no evidence of metastasis, otherwise the registrant shall be rejected from all military service.

Registrants with the signs and symptoms of, or the history of, a thrombo phlebitis of the upper and lower extremity, associated with a disease of the skin, shall be accepted or rejected according to the regulations given in Section XII.

It is important to repeat here to the Medical Advisory Board that registrants with syphilitic diseases of the skin shall be accepted for general military service unless the deformity due to ulceration and destruction of tissue places the registrant within the standard of unqualified rejection as given in the Regulations for the Local Board.

V. HEAD.

Regulations for the Local Board. (Section 184 (c) S. S. R.)

Accept registrants with depression in the skull or with any abnormalities of the bones of the skull unless they come within the standards of unconditional rejection noted under (a) *Mental and nervous*. Acceptance.

Refer all doubtful cases to the Medical Advisory Board.

Regulations for the Medical Advisory Board.**Accept.**

. Registrants who have had a decompression operation in the region of the skull beneath the temporal or occipital muscles and who at examination show no bulging or marked pulsation may be accepted for general military service, providing they come within the mental requirements and providing the condition for which this operation was done has ceased to exist.

Reject.

Registrants with a skull defect in an area of the skull other than those mentioned in the previous paragraph and larger than a 25-cent piece shall be rejected for general military service irrespective of bulging, pulsation, or the absence of mental symptoms. If the skull defect

Accept.

is smaller than a 25-cent piece and there is no bulging or pulsation they may be accepted for general military service, providing they come within the mental requirements and provided the condition which caused this defect has ceased to exist.

Accept.

Registrants with abnormalities in size and shape of the skull or other irregularity in the bones of the skull shall be accepted for general military service, if otherwise they come within the standards of unconditional acceptance.

VI. SPINE.**Acceptance.****Regulations for the Local Board. (Section 184 (d) S. S. R.**

Physical
amination. ex-
Rejection.

Accept all registrants with a normal spine or with slight curvatures which do not interfere with function and weight-bearing power.

Reject all registrants with signs and symptoms of undoubted extensive disease of the vetebrae which totally incapacitate. The wearing of a plaster jacket does not of itself reject.

Refer all other registrants and doubtful cases to the Medical Advisory Board.

Regulations for Medical Advisory Board.

Registrants presenting themselves to the Medical Advisory Board wearing plaster jackets must submit to the removal of this jacket in order to allow a complete examination.

This jacket should not be removed until there is provision for its reapplication.

PROVEN TUBERCULOSIS OF ANY PORTION OF THE VERTEBRAL COLUMN REJECTS.

Registrants with definite signs of abscess or sinus and definite signs of fixation of the vertebral column shall be rejected on these signs only.

Registrants with kyphosis, referred pain, and no sign of abscess and sinus shall be subjected to X-ray plate before a diagnosis of a destructive disease is definitely made.

Nontuberculous diseases of the vertebral column which have produced limitation of motion in any portion of the spinal column shall reject the registrant for military service.

The degree of disability taken in reference to the registrant's present ability to work shall decide whether the registrant shall be accepted for limited service or rejected from all military service.

The decision in this group shall rest upon the examination including local and referred pain, marked spinal fixation of the vertebrae, and the reading of the X-ray plate.

FRACTURES OF THE VERTEBRAL.

Registrants with fractures of the ~~vertebrae~~ shall be accepted for general military service.

Fractures of the sacrum and pelvic bones when the diagnosis is confirmed by an X-ray plate shall reject the registrant from both general and limited military service.

FRACTURES OF CERVICAL, DORSAL, AND LUMBAR VERTEBRAE.

Registrants with a history of a fracture of the ~~vertebrae~~, even with slight kyphosis, without marked symptoms and who, on examination, show no loss of function or weight-bearing power shall be accepted for general military service.

All other cases of fracture of the vertebrae in which the diagnosis is confirmed by the X-ray shall be rejected ~~from~~ for all military service.

SCOLIOSIS (LATERAL CURVATURE OF THE SPINE).

If this lateral deviation from normal ~~is~~ 2 inches or less, the registrant shall be accepted for general military service.

Accept. If the lateral deviation from normal mid line is more than 2 inches and less than 3 inches, the registrant shall be accepted for limited military service.

Reject. If the lateral deviation from normal mid line is more than 3 inches, the registrant shall be rejected from all military service.

SACRO-ILIAC AND LUMBO-SACRAL JOINTS.

Accept. Registrants who claim to have suffered from symptoms of or to have been treated for affections of these joints and who, at examination, show no objective signs or symptoms shall be accepted for general military service.

Registrants who, on examination, show objective signs and symptoms of affections of these joints shall be kept under observation for a reasonable length of time (three months).

Accept. If at the expiration of this time the examination reveals no objective symptoms or signs, they shall be accepted for general military service.

Reject. If there are any objective signs or symptoms, the registrant shall be rejected for general military service or accepted for limited military service, according to the degree of disability taken in reference to the registrant's present ability to work.

The diagnosis of affections of the sacro-iliac and lumbo-sacral joints shall rest upon the demonstration of referred pain to the lower extremities, of muscle spasm, of postural deformities, and limited motion of the spine and lower extremities, confirmed by the radiograph combined with the interpretation thereof.

Accept. A sinus or abscess in the region between the coccyx and anus shall not be interpreted as a sinus in relation to disease of the vertebræ. When X ray shows no disease of bone, these abscesses and sinuses may be due to the embryonic remains of the pilo-nidal sinus. Registrants with such conditions shall be accepted for general military service (Group A).

Recent contusions or sprains of the spinal column shall be looked upon as temporary defects. After a reasonable time the registrant shall be reexamined.

SCAPULA.

Accept. Registrants presenting prominent scapulæ when due to other cause than paralysis shall be accepted for general military service.

Registrants presenting prominent scapulae due to paralysis shall be accepted for special or limited military service. Accept, group G.

VII. EARS. TESTS FOR HEARING AND MALINGERING.

Regulations for the Local Board. (Section 184 (e) S. S. R.)

Reject when it can be absolutely proven that the registrant is totally deaf in *both* ears. Rejection.

Accept when the hearing in both ears is above the standard of 10/20. Acceptance.

Refer to the Medical Advisory Board when the hearing is below the standard of 10/20 in one or both ears, or there is *complete deafness in one ear*.

To determine hearing, the hearing of the examiner should be normal. Test of hearing.

Place the registrant facing away from the assistant, who is twenty feet distant, and direct him to repeat promptly the words spoken by the assistant. If the registrant can not hear the words at twenty feet, the assistant should approach foot by foot, using the same voice, until the words are repeated correctly. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus; the examiner faces in the same direction as the registrant and closes one of his own ears in the same way as a control. The assistant speaks in a low conversational voice (not a whisper) just plainly audible to the examiner, and should use numerals, names of places, or other words or sentences until the condition of the applicant's hearing is evident. The acuity of hearing is expressed in a fraction the numerator of which is the distance in feet at which the words are heard by the registrant and the denominator the distance in feet at which the words are heard by the normal ear; thus 20/20 records normal hearing, 10/20 imperfect hearing, etc. If any doubt as to the correctness of the answer is given, the registrant should be blindfolded and a watch should be used, care being taken that the individual does not know the distance from the ear at which it is being held. The watch used should be one whose ticking strength has been tested by trial on a normal ear.

Accept all registrants whose hearing is above the standard of 10/20 in both ears and who have no chronic discharge from the middle ear. Acceptance.

Physical examination.

Refer to the Medical Advisory Board all registrants with chronic discharge from the middle ear and all doubtful cases.

Regulations for the Medical Advisory Board.

Before making any decision in regard to conditions of the external ear and external auditory canal the test for the acuity of hearing must be made.

Registrants can not be accepted for general military service unless the hearing in *both* ears is 10/20 or above. This is the regulation for the Local Board and there must be no deviation from it. Before making this test clean the ear of dirt and wax so that the membrana tympani is clearly visible.

Accept.

Accept registrants with the loss of one or both external ears or with any deformity of one or both ears or with any lesion of the skin of one or both ears whose hearing is within the standard of unconditional acceptance.

Accept.

Accept registrants with any lesion of the external auditory canal except a definite malignant tumor when the hearing in both ears is within the standard of acceptance.

INFECTIONS OF THE MIDDLE EAR.

Registrants with signs and symptoms of a recent middle ear infection with or without perforation should be held as temporary defects and given a reasonable time to allow the lesion to be treated or healed before they are reexamined.

Reject.

Registrants with perforations of the membrana tympani and a chronic discharge from the middle ear when this is clearly determined by otoscopic inspection shall be rejected for all military service.

Accept.

Registrants in whom the otoscopic examination detects a perforation of the membrana tympani but detects no discharge shall be accepted for general military service.

THE MEDICAL ADVISORY BOARD IS URGED IN CASES OF THIS KIND TO BE CERTAIN THAT THERE IS NO DISCHARGE FROM THE MIDDLE EAR BEFORE ACCEPTING THE REGISTRANT FOR GENERAL MILITARY SERVICE. IN CASES OF DOUBT THE REGISTRANT CAN BE GRANTED A REASONABLE DELAY BEFORE COMPLETING THE EXAMINATION. SEE SECTION 187, S. S. R., TEMPORARY DEFECTS. Registrants whose hearing in one or both ears is less than 10/20 but more than 5/20 shall be accepted for

special and limited military service providing the otoscopic examination reveals no perforation of the membrana tympani with discharge from the middle ear.

Reject registrants whose hearing in one or both ears is less than 5/20 from any military service.

TESTS FOR MALINGERING IN HEARING.

Cases of this character have been chiefly magnifications of slight imperfections on one side, together with complaint of past troubles. Exaggeration of defects in hearing extends to declarations of total deafness on one side. The following tests are recommended:

1. In testing malingering the suspect should be placed in the center of the room free from all obstructions. His eyes should be securely and completely blindfolded.

2. An accurate notation of the deaf ear should be made and a critical examination of the auditory canal and membrana tympani. Where possible the patulency of the eustachian tubes should be determined.

3. An accurate testing out of the normal ear should first be established. Care should be exercised not to allow the suspect to hear figures or other signs as to result of examination.

4. In making these examinations, the observer should have a skilled assistant, and all communications between them should be in a low, whispered voice.

5. The assistant should stand at the back of the patient and should at the direction of the examiner obstruct the ears of the suspect as directed by pressing the tragus firmly into the auditory meatus.

6. If the suspect gives markedly conflicting statements when the normal ear is tightly plugged as to the distance at which he hears the voice or accumulator, it is fair to assume he is a malingerer.

7. The simplest and most available test for malingering is an ordinary binaural stethoscope. One ear piece, the one to be applied to the normal ear, is packed tightly with a wad of absorbent cotton and the ear pieces are placed in the suspect's ears. The examiner speaks in a soft tone or counts into the ball-shaped chest portion of the stethoscope, and the suspect is told to repeat what he hears. The tubes are removed from the ears, and the assistant is told to stop the normal ear. The same words or numerals are again repeated. The suspect will now claim failure to hear the words or numerals which he

had previously heard through the tube with the ear stated to be deaf.

8. Erhard's test is another simple method for malingerers which requires no special apparatus. If the external auditory canal of a normal ear is tightly packed with absorbent cotton, it will still conduct sound waves to a limited degree, a loud ticking watch even under these circumstances being heard about one or two meters. The suspect has his ear which is stated to be deaf stopped and then the test is made with the hearing of the normal ear, the suspect being told to count the click of the watch. The suspect's normal hearing ear is then stopped and the testing is made with the supposed deaf ear. Under this test, if he claims failure to hear the watch under 1 meter, you may be certain he is malingering.

9. The Chiman-Moos test is made with the C2 tuning fork. The vibrating tuning fork is held at equal distances from each ear. The suspect will claim that he hears it better in the normal ear. The vibrating tuning fork is then placed on the vertex of the skull. The suspect hearing it equally well in both ears will at first hesitate, and then state he hears it better in the normal ear. In diseases of the conducting apparatus, as is well known, he should hear it better in the diseased ear. If, now the external meatus of the normal ear is tightly closed and the vibrating tuning fork is placed upon the vertex of the skull, the individual with the diseased ear will state he hears it better in the normal closed ear; or, it may be impossible for him to decide in which ear he perceives the tone better. The suspect, with the normal ear tightly obstructed, will state that he does not perceive the sound of the fork when thus placed on the vertex of skull.

VIII. EYES. TESTS FOR VISION AND MALINGERING.

Regulations for the Local Board. (Section 184 (f) S. S. R.)

Rejection.

Reject all registrants with the absence of one eye and when there is no doubt they are totally blind in both eyes.

Acceptance.

Accept all registrants with vision 20/100 in one eye and 20/40 in the other without glasses or 20/100 in each eye without glasses if correctable with glasses to 20/40 in either eye. When the physician on the Local Board is not supplied with test glasses and the registrant has not glasses refer to the Medical Advisory Board.

Accept all registrants who come within or exceed the above visual requirements though they may have the following slight defects:

Slight adhesions of the lids to the eyeball.

Small pterygium.

Slight eversion of the lids.

Ptosis, when not interfering with vision.

Strabismus, if vision up to standard.

Iridectomy, or other operation is in itself not a cause for rejection if condition for which it was performed is relieved.

Color-blindness is not a cause for rejection.

Refer to the Medical Advisory Board all other cases.

Vision.—To determine the acuity of vision, place the person under examination with back to window at a distance of 20 feet from the test types. . **Examine each eye separately, without glasses, covering the other eye with a card (not with the hand).** The applicant is directed to read the test types from the top of the chart down as far as he can see, and his acuity of vision recorded for each eye, with the distance of 20 feet as the numerator of a fraction and the size of the type of the lowest line he can read correctly as the denominator. If he reads the 20-foot type correctly, his vision is normal and recorded 20/20; if he does not read below the 30-foot type, the vision is imperfect and recorded 20/30; if he reads the 15-foot type, the vision is unusually acute and recorded 20/15, etc.

Test of vision.

Regulations for Medical Advisory Board.

All registrants referred to the Medical Advisory Board with eye defects must be examined if possible by a thoroughly qualified ophthalmologist selected by the board.

The lids of every registrant must be everted for the purpose of determining the presence or absence of Trachoma.

Examine condition of pupils, their size, shape, and motor reaction to light and to accommodation. Abnormalities should be considered with reference to disease of the central nervous system as well as of the eyes.

Especial attention should be paid to all those whose vision is below the required standard. When no cause for the defective sight can be determined by objective methods, including an ophthalmoscopic examination, they should be tested for malingering.

had previously heard through the tube with the ear stated to be deaf.

8. Erhard's test is another simple method for malingerers which requires no special apparatus. If the external auditory canal of a normal ear is tightly packed with absorbent cotton, it will still conduct sound waves to a limited degree, a loud ticking watch even under these circumstances being heard about one or two meters. The suspect has his ear which is stated to be deaf stopped and then the test is made with the hearing of the normal ear, the suspect being told to count the click of the watch. The suspect's normal hearing ear is then stopped and the testing is made with the supposed deaf ear. Under this test, if he claims failure to hear the watch under 1 meter, you may be certain he is malingering.

9. The Chiman-Moos test is made with the C2 tuning fork. The vibrating tuning fork is held at equal distances from each ear. The suspect will claim that he hears it better in the normal ear. The vibrating tuning fork is then placed on the vertex of the skull. The suspect hearing it equally well in both ears will at first hesitate, and then state he hears it better in the normal ear. In diseases of the conducting apparatus, as is well known, he should hear it better in the diseased ear. If, now the external meatus of the normal ear is tightly closed and the vibrating tuning fork is placed upon the vertex of the skull, the individual with the diseased ear will state he hears it better in the normal closed ear; or, it may be impossible for him to decide in which ear he perceives the tone better. The suspect, with the normal ear tightly obstructed, will state that he does not perceive the sound of the fork when thus placed on the vertex of skull.

VIII. EYES. TESTS FOR VISION AND MALINGERING.

Regulations for the Local Board. (Section 184 (f) S. S. R.)

Rejection.

Reject all registrants with the absence of one eye and when there is no doubt they are totally blind in both eyes.

Acceptance.

Accept all registrants with vision of 20/40 in the other without eye without glasses if correct in either eye. When the eye is not supplied with the correct glasses refer to the

Accept.

1. Accept for general military service.

Visual requirements: Vision 20/100 in one eye and 20/40 in the other, without glasses, or 20/100 in each eye without glasses, if correctable with glasses to 20/40 in either eye.

Accept.

2. Accept for special or limited military service.

Visual requirements: Vision 20/200 in one eye and 20/40 in the other (either right or left) without glasses, or, 20/200 in each eye without glasses if correctable with glasses to 20/40 in either eye.

Accept.

Slight defects, acceptable as fit for general military service.

Slight nystagmus.

Slight conjunctivitis.

REGISTRANTS WITH CHRONIC CONJUNCTIVITIS IN DISTRICT WHERE TRACHOMA IS COMMON SHOULD BE MOST CAREFULLY STUDIED. IF THE DIAGNOSIS OF TRACHOMA CAN NOT BE EXCLUDED, THE REGISTRANT SHALL BE ACCEPTED FOR GENERAL MILITARY SERVICE IN THE DEFERRED REMEDIAL GROUP (Group B).

Accept.

Registrants with trachoma otherwise physically and mentally fit, with vision up to the standard for general military service shall be accepted for general military service in the deferred remediable group. (Group B.)

Accept.

Registrants suffering with the following remediable defects otherwise physically and mentally fit, and whose vision is within the standards of acceptance shall be accepted for general military service in the deferred remediable group (Group B):

Inversion of the eyelids.

Marked eversion of the eyelids

Ptosis, interfering with vision.

Trichiasis.

Epiphora.

Chronic blepharitis.

Pterygium (extensive).

Chronic dacryocystitis.

Blepharospasm.

Superficial corneal ulcer.

Acute inflammatory diseases of globe.

Unfit for military service. *The following are causes for unconditional rejection:*

All registrants whose vision is below 20/200 in each eye, without glasses. Reject.

All registrants whose vision, without glasses, is 20/200 and not correctable, with glasses, to 20/40 in either eye.

Disfiguring cicatrices.

Lagophthalmos (inability to close the lids).

Pronounced exophthalmos (Pathologic).

Chronic keratitis.

Chronic recurrent inflammatory diseases of the globe.

Deep ulcers of the cornea.

Opacities of the lens, or its capsule, sufficient to reduce the vision below the standard, and progressive cataract of any degree.

Any organic disease of the retina, choroid, or optic nerve.

Detachment of the retina.

Marked nystagmus.

Loss or disorganization of either eye.

Glaucoma.

All eye signs associated with toxic goiter.

Malignant tumors of the lids or globe. If operation has been performed for malignant growth and proof furnished, it is cause for rejection.

Diplopia, if associated with paralysis of the *extrinsic ocular muscles*.

VISUAL TESTS FOR THE DETECTION OF MALINGERERS.

Malingers may feign inability to open their eyes, total loss of vision in one or both eyes, or impaired vision in one or both eyes. Occasionally an inflammation in the eyes will be produced by putting sand or other irritating substance under the lids.

Malingers who wish to evade military service by feigning impairment of vision may be divided into two classes as follows:

A. Those who claim total loss of vision in one eye

B. Those who claim partial loss of vision in one or both eyes.

Either group may have a normal acuity of vision or may exaggerate a defect actually present.

In testing for malingering the medical examiner should bear in mind that detection is more likely to result when

the man is allowed to believe that his case is regarded from the first to be genuine and that his story is not discredited. There is something indefinable in the bearing of the malingerer which experience alone can detect. He may be self-assertive and overconfident; he may be hesitating or evasive. Careful observation should be made of his conduct and every movement noted. The nature of the man's answer should be taken into account and considered in the light of the kind of reply that is given when a genuine refraction case is being dealt with.

The following equipment is necessary:

1. Trial frame; blank; spherical lenses, +16, +3, +0.25, -3, -2, -1, -0.25.
2. Two prisms, one 6°, one 10°.
3. Ophthalmoscope (electric battery in handle).
4. Condensing lens.
5. Loupe.
6. Red and green letters on glass; (a) letters varying in size; (b) spectacle frame containing red and green glasses.
7. Special test cards, one a duplicate, with letters reversed to use with a mirror.
8. Special illiterate test cards.
9. Mirror, large enough to reflect test card.
10. One stereoscope with special cards.
11. Retinoscope (electric with battery in handle).
12. Ruler, about 1½ inches wide.

METHODS OF EXAMINATION.

Class A. Total loss of vision in one eye.

(a) A 6° prism base downward is placed before the admittedly sound eye, while the man looks at a distant light or candle. If he sees two candles, binocular vision is proved. The examiner may vary the test by placing the prism before the "blind" eye, either base up or base down.

(b) A prism of 10° with base outward is placed before the "blind" eye. If there is any sight in this eye, double vision will be produced and the eye will be seen to move inward to correct it and fuse the two images.

(c) The alleged "blind" eye is covered. A prism of 10° with the apex up is placed before the seeing eye in such a position that its edge lies horizontally across the center of the pupil. This produces monocular diplopia.

The prism is then moved upward so as to be completely in front of the good eye and at the same time the "blind" eye uncovered. If diplopia is produced or admitted, there is sight in the "blind" eye.

(d) Test with colored glasses and letters: This consists in directing the individual to read a row of red and green letters through a red and green glass. The red letters will be invisible to the eye that has the green glass, and vice versa, but if all the letters are correctly read irrespective of their color, there must be sight in the "blind" eye. The proper illumination back of the chart must be observed.

(e) Test with trial glasses: A high plus glass is placed before the good eye and a low plus or minus before the "blind" eye. If the distant type is read, the vision in the "blind" eye is good.

(f) The stereoscopic test: This may be made with ordinary stereoscope, the printed matter so arranged that certain portions of it are not present before one of the eyes.

(g) The bar test: Interpose a ruler about $1\frac{1}{4}$ inches wide vertically midway between the two eyes at about 4 to 5 inches distance, direct the man to read from a printed page with lines at least 4 inches long. If able to read the lines, binocular vision exists.

(h) The action of the pupil must be carefully tested, there usually being no movement to light stimulation when the eye is blind. If the examiner is not satisfied, the following examination should be made:

Oblique examination.—A careful examination of the cornea should be made with the aid of a condensing lens and a loupe.

Ophthalmoscopic examination.—A searching examination with the ophthalmoscope should be made together with an estimation of the refractive error. The pupil should be dilated if necessary.

Class B. Partial loss of vision in one or both eyes.

The most common manifestation of malingering takes the form of a statement that one eye is imperfect. Men pleading this disability may be divided into two classes:

(a) Those who pretend to have a visual defect.

(b) Those who are aware they have a visual defect and exaggerate its effect.

No hard and fast tests can be prescribed for the detection of these cases. Much depends on the alertness and ingenuity of the medical examiner.

The tests with prisms are not applicable here, for there is not pretended blindness in one eye, but simply an alleged diminution of visual acuity.

METHODS OF EXAMINATION.

(a) If a room 30 or 40 feet long can be obtained for testing vision, place the registrant suspected of malingering at 30 to 35 feet from the test chart. Direct him to read the letters and note the result. He should then be brought up to 20 feet from the card and retested. If he reads the same line he is malingering.

(b) Mirror tests with special test cards. (See equipment No. 7.)

Test cards are used which are identical, one having the letters reversed. The registrant is directed to read the letters on the chart across the room, and then in a mirror beside it, which reflects reverse letters that are placed over his head. The letters seen in the mirror are located double the distance of the direct letters from the man being examined. The malingerer is apt to read in the mirror the line which he read on the first card, showing that his vision is twice as good as he pretends.

In order to obviate the use of test letters in the mirror test, various common objects approximating the size of the 20/40 and 20/30 letters may be used by asking the registrant to differentiate between a dime and penny, a cigarette and pencil, a pen and pencil, the number of spots on playing cards, or between the different aces, held on either side of his head and reflected in the mirror at 20 feet distance.

Trial frame test: Place a trial frame upon the man's face and put before the sound eye a high convex lens (+16D), and before the "blind" eye a plane or weak lens (0.25) which will not interfere with vision. If letters placed at distance of 20 feet are read, the fraud is at once exposed.

(c) Oblique examination with condensing lens and loupe to determine corneal or lenticular opacities.

(d) Ophthalmoscopic examination: It is probable that the malingerer will resist the ophthalmoscopic examination by frequent winking or rolling of the eyes. In this

event it is best to caution the man that a report of his vision must be made, and then to postpone further examination until after the next few registrants have been examined.

(e) Estimate the refractive error with the use of the ophthalmoscope. If no error of marked degree exists and the media and fundi are normal, the relation between the alleged vision and the refractive condition furnished an important clue. If the error is about +4.00 or -2.00 the visual acuity could be about 20/100, but when the defect can not be accounted for objectively, and the vision is brought from 20/100 to 20/50 or 20/30 by means of a low plus or minus glass, the man is malingering.

(f) Retinoscopy: Look for corneal and lenticular opacities and estimate refractor errors.

OCCUPATION.

The man's occupation in civil life may have been such that it could not have been followed without more vision than he claims.

In the absence of ocular defects, continuous and persistent blepharospasm, the use of colored glasses, eye shades, or eye bandages should be regarded with suspicion.

DIPLOPIA.

Cases of malingering are occasionally met with in which the men complain that they see double. These must be investigated with the application of the ordinary tests as if they were genuine, with every precaution taken to guard against a serious nervous lesion being overlooked.

IX. MOUTH, NOSE, FAUCES, PHARYNX, LARYNX, TRACHEA, AND ESOPHAGUS.

Regulations for the Local Board. (Section 184 (g) S. S. R.)

Reject all irremediable deformities and diseases which interfere with mastication of ordinary food, and interfere with speech so the registrant can not be understood. Reject.

Reject registrants who have a permanent gastrostomy or who are wearing a permanent tracheotomy tube. Reject.

Accept all registrants who have not complete obstruction to nasal breathing.

Accept.

Accept all registrants with nasal polypi, deviation of septum, enlarged tonsils and adenoids if obstruction to nasal breathing is not complete, and all remediable benign tumors.

Refer all other cases and all doubtful cases to the Medical Advisory Board.

Regulations for Medical Advisory Board.

The regulation to the local board just given in regard to the mouth, nose, fauces, pharynx, larynx, trachea, and esophagus, and the regulation in regard to the diseases of the skin (see section IV) clearly describe ulcerating and deforming conditions which, if present to a certain degree, shall disqualify.

TUBERCULOSIS.

Tuberculosis of the mouth, nose, fauces, pharynx, and larynx is rarely present without definite signs of tuberculosis of the lungs. Therefore, when the registrant has no objective sign of tuberculosis of the lungs, the diagnosis of tuberculosis of the mucous membrane of the cavities under consideration should not be made without the confirmation of the microscope either from a section of a piece removed, or the demonstration of the tubercle bacilli in material obtained from the surface of the diseased area.

In some instances of chronic laryngitis, with marked ulceration, the diagnosis of tuberculosis can be made without the aid of a laboratory, but the sputa should be examined for tubercle bacilli in cases of this kind and a section need not be taken.

MALIGNANT DISEASE.

In some cases of cancer of the mucous membrane of the areas under consideration, the diagnosis can be made by inspection. Registrant with such diseases shall be rejected.

In some cases of carcinoma of the antrum and sarcoma in the region of the mouth and jaws, the diagnosis can be made by inspection with the aid of the X-ray.

When the diagnosis of malignant disease can not be made by these ordinary methods, the examination of the registrant shall be temporarily deferred, section 187, S. S. R., and final examination and judgment deferred, giving the registrant a reasonable time to submit to the

Deferred
amination. ex.

appropriate treatment which is best for his relief, and at which treatment a correct and final diagnosis will be made.

The excision of small pieces of tissue for microscopic study, simply to make a diagnosis and to determine whether a registrant has malignant disease or not, must not be done unless it can be done without any danger whatever to the registrant, and with his consent.

Malignant diseases in these areas in ages under 31 are relatively infrequent.

Registrants who bring authentic data of operations in these areas for malignant disease shall be rejected unless there is a period of at least three years and examination shows no evidence of recurrence. Reject.

These cases should be carefully studied because many benign tumors have been diagnosed malignant. Dentigerous cyst, adamantine epithelioma, and giant cell sarcoma should not be classed as malignant.

ŒSOPHAGUS.

When registrants complain of inability to swallow, the diagnosis of a stricture of the œsophagus as the cause of this complaint must be confirmed by the introduction of a tube, by an X-ray picture after the swallowing of a bismuth mixture, and when possible by the employment of the œsophagoscope. Evidence of organic stricture of the œsophagus shall reject. When there is no evidence of organic stricture of the œsophagus and all other examinations are negative as to an objective cause, the registrant shall be accepted. Reject.

Accept.

Before there can be any conclusion as to the acceptance of the registrant for general military service it should be determined that he has the required number of teeth, vision, and hearing, within the standard of unconditional acceptance.

NOSE.

Benign growth of any kind, nasal polypi, hypertrophy of the mucous membrane, benign superficial ulcerations, deviation of the septum. Accept.

ADENOIDS AND ENLARGED OR INFECTED TONSILS, HARE LIP, RANULA, AND BENIGN TUMOR ON MOUTH.

Nasal obstruction or discharge from the nose of these registrant shall not be considered a cause for rejection. Accept.

Before accepting any of the above remediable defects of registrant with obstruction to breathing or discharge from the anterior or posterior nares, an examination should be made for involvement of the sinuses with a purulent secretion (sinusitis). This examination shall consist of not only the usual inspection of the nose and throat, but the transillumination of the sinuses and two or more X-ray plates of them. The demonstration of chronic sinusitis places the registrant in the deferred remediable group; the demonstration of acute sinusitis causes the registrant examination to be temporary, (sec. 187). Registrants shall be given a reasonable time for recovery and treatment and then reexamined. When the evidence of involvement of the sinuses has disappeared, the registrant shall be accepted as physically qualified for general military service; when still present he shall be placed in deferred remediable group (Group B).

LARYNX.

Hoarseness and alteration of the voice should indicate an inspection of the larynx with larynxgoscope; acute and chronic laryngitis do not disqualify. Syphilitic laryngitis only disqualifies when the ulceration is of such a degree that the registrant has permanently lost power of talking so that he is understood. Paralysis of one vocal cord due to operation does not disqualify.

Accept.

Aphonia, after an examination with negative result, should not disqualify, as it is usually hysterical or malingering.

The registrant who presents benign tumors of the larynx shall be placed in the deferred remedial group (Group B).

Physically qualified for special or limited military service.

Registrants whose defects are not remediable, and within the standard of unconditional acceptance, and not of sufficient degree to come within the conditions of unconditional rejection, shall be placed in the group for special or limited military service. (Group C.)

Defects which will place the registrant in this group (Group C) are ankylosis of the lower jaw, perforations of the hard palate, deformities interfering to a modified degree with mastication and speech.

X. NECK.**Regulations for the Local Board. (Sec. 184 (h) S. S. R.)**

Reject fully developed exophthalmic goiter when there is present thyroid enlargement, pulse rate above 120 and exophthalmos. **Reject.**

Accept registrants with normal necks, moderate enlargement of the thyroid with no toxic symptoms. *Accept* with a few palpable lymph glands with or without healed scars and no sinuses. **Accept.**

Refer all other and doubtful cases to the Medical Advisory Board.

Regulations for the Medical Advisory Board.**EXOPHTHALMIC GOITER.**

Registrants with fully developed exophthalmic goiter shall be rejected for any military service. The diagnosis rests more upon the toxic symptoms than upon the enlargement of the thyroid. These toxic symptoms are rapid pulse (tachycardia), pulsation of the vessels of the neck, high blood pressure, lymphocytosis, and certain eye signs, most prominent of which is exophthalmos of both eyes and tremor of the fingers. **Reject.**

Registrants who claim to have been treated or operated upon for exophthalmic goiter and who still show toxic symptoms should be rejected. If, however, the registrant shows absolutely no evidence of toxic symptoms with or without the scar of an operation upon the thyroid he should be accepted for general military service, unless he can bring verified proofs of preexisting exophthalmic goitre from the physician or surgeon who treated him then he should be rejected. **Reject.**

SIMPLE GOITER AND BENIGN THYROID TUMOR - NON-TOXIC TYPE.

Registrants with symmetrical enlargement of the thyroid (simple goiter) and asymmetrical enlargement of lobes or isthmus (benign thyroid tumors) should be accepted for general military service if after careful examination they show no evidence of toxic symptoms. **Accept.**

When the enlargement of the thyroid is sufficiently great to prevent the wearing of the soldier's uniform, accept for general military service deferred remediable group (Group B) and diagnosis large goiter.

TOXIC TYPE.

Registrants whose enlargement of the thyroid corresponds to the previous group just described who on examination show one or more of the toxic signs should be accepted for general military service deferred remediable group (Group B) and diagnosis toxic goiter.

Registrants who give a history of an operation for enlargement of the thyroid or any benign tumor of the thyroid and show a healed scar and who have on examination no evidence of toxic symptoms shall be accepted for general military service. When, however, there is still present toxic symptoms, especially tachycardia, high blood pressure, and tremor, they should be rejected.

MYXOEDEMA.

Reject.

Registrants with definite signs of myxoedema, whether associated with goiter or not, should be rejected. The diagnosis should rest upon slow mental processes, loss of hair, and the accumulation of fat, especially above the belt. This condition is very rare in this country, even after operations for the thyroid gland. When there is any doubt as to the diagnosis of myxoedema, the registrant should be accepted for general military service.

TUBERCULOUS GLANDS OF THE NECK.

This condition of the lymph glands of the neck is not of itself a cause for rejection.

Registrants with healed scars in the neck with a history of suppurating glands shall be accepted for general military service even if there are still some small glands to be palpated.

Accept.

Registrants who give a history of removal of tuberculous glands of the neck and who show on examination a healed scar shall be accepted even if there are a few small glands to be palpated.

Registrants with small palpable glands of the neck otherwise physically fit for general military service, shall be accepted.

Accept.

Registrants with a single sinus in the neck with a history of suppuration as the cause of the sinus otherwise physically fit shall be accepted for general military service.

Reject.

Registrants with multiple sinuses of the neck of long duration should be rejected.

Great enlargement of the lymph glands of the neck should be thoroughly investigated; there should first be an examination of the blood; when this is negative for leukaemia, one of the enlarged glands may be removed under local anesthesia for microscopic study.

The diagnosis of leukaemia, Hodgkins Disease, or Lympho-sarcoma rejects the registrant from any military service. If the removed gland shows tuberculosis, or the registrant should refuse this minor operation he shall be accepted for general military service, deferred remediable group (Group B), diagnosis large tuberculous glands of neck or large glands of neck. Reject.

In all cases of enlarged glands of the neck with or without sinus or abscess there should be careful investigation of the nose, pharynx, tonsils, and teeth, and the relationship between remediable defects found there and the lesions of the neck carefully considered.

BENIGN TUMORS OF THE NECK.

Outside of thyroid tumors and enlarged lymph glands the most common benign tumors in the region of the neck are atheromatous or other forms of cyst. Accept.

Registrants with benign tumors of the neck, or who give a history of the removal of a benign tumor of the neck shall be accepted for general military service. Accept.

Registrants with tumors in the region of the parotid or submaxillary glands (the so-called mixed tumors of the parotid) shall be accepted for general military service. Accept.

Registrants who give a history of the removal of the so-called mixed tumor of the parotid gland shall be accepted for general military service even if the operation has resulted in facial paralysis.

MALIGNANT TUMORS OF THE NECK.

There should be no difficulty in diagnosing a malignant tumor of the thyroid gland, however, when a registrant claims to have been operated upon for a malignant tumor of the thyroid gland and there are no signs of recurrence the Medical Advisory Board must thoroughly investigate the records of this operation. Not infrequently enlarged thyroid due to chronic thyroiditis or adenoma has been diagnosed malignant by the surgeon at the operation or by the pathologist from the microscopic section. Accept.

Cancer of the neck arising from the residue of a branchial cleft is rarely observed in men under 31 years of age.

This tumor has the same situation as that of the benign atheromatous cyst or an enlarged lymph gland behind the sternal cleido mastoid and below the parotid gland. The differential diagnosis in the early stage can not be made. Registrants therefore with a tumor in this area should be accepted for general military service, deferred remediable group (Group B), and diagnosed doubtful tumor of neck.

CONTRACTION OF THE MUSCLES OF THE NECK—TORTICOLLIS OR WRY NECK.

Accept.

Registrants with nonspastic contraction of the muscles of the neck shall be accepted for general military service when the resultant deformity is not so disfiguring that it is unsightly or not of such a great degree that it will interfere with the wearing of a soldier's uniform or the duties of a soldier.

When the contractions are of a degree rendering the registrant unfit for general military service but in the judgment of the Medical Advisory Board remediable by operation, the registrant shall be accepted for general military service, deferred remediable group (Group B), with diagnosis torticollis.

When the defect is not remediable by operation the registrant shall be accepted for limited military service or rejected according to the judgment of the Medical Advisory Board.

Reject.

A spastic form of spasmodic contraction of the muscles of the neck shall reject the registrant from all military service.

XI. LUNGS.

Regulations for Local Boards. (Section 184 (1), S. S. R.)

Test of lungs.

The examination of the lungs by the physician on the Local Board should in all instances include the following procedures:

Each registrant should be required to exhale his breath, cough, and immediately breath in. The chest should be auscultated during this process. All men who show moist sounds during cough or during respiration should be referred to the Medical Advisory Board.

All registrants should be referred to the Medical Advisory Board in whom at this examination there is well-marked dullness on percussion, increased transmission of the voice, harsh respiration, and prolonged expiration

even though there be no rales present. Men distinctly under weight or with sunken and deformed chests should be referred to the Medical Advisory Board, even if the examinations above noted are negative.

Accept registrants when the examinations noted above are distinctly negative, and the physician of the Local Board is of the opinion that there is no evidence of disease of the pleura, lungs, and mediastinum. Accept.

Refer all other cases to the Medical Advisory Board.

Reject no registrants for diseases of the lungs, pleura, mediastinum, and chest wall except men with tuberculosis or other diseases of lungs, pleura, and mediastinum who are confined to their beds when verified histories establish unmistakably the existence and long duration of diseases.

Reject only in established cases.

REGULATIONS FOR MEDICAL ADVISORY BOARD—EXAMINATION FOR TUBERCULOSIS OF THE LUNGS.

The duties of the examiner are:

1. To exclude cases of manifest tuberculosis from the Army.
2. To hold to service men who allege tuberculosis as a ground for exemption or discharge on the basis of insufficient or incorrectly interpreted signs and symptoms.

Men who desire to serve their country may conceal, from patriotic motives, symptoms of tuberculosis which they know or suspect to exist. Some tuberculous patients will seek enlistment with a view to obtaining treatment and a pension. Some soldiers who have volunteered may repent their action and allege symptoms of tuberculosis with a view to securing discharge. Some conscripts may be expected to claim the existence of tuberculosis as a ground for exemption, and may fortify their claims by certificates of physicians and by radiographs. There will probably be many cases in which pulmonary tuberculosis will have been diagnosticated on the ground of subjective symptoms and of physical signs which are normal or indicate unimportant and healed lesions of some kind.

It is necessary therefore that conclusions of the examiner shall be based only on physical signs, sputum examinations, and radiographs. Statements of the subject as to symptoms will not be accepted as proof of the existence of tuberculosis unless supported by objective evidence.

It is the duty of examiners to protect the interests of the Government by preventing men from entering the service who have manifest tuberculosis. It is equally their duty to prevent the escape from service on the ground of tuberculosis of men who present slight or doubtful deviations from the normal. It is therefore necessary to insist that recommendations for discharge for tuberculosis of otherwise apparently healthy and vigorous men shall be based only upon the presence of definite and plainly marked signs of pulmonary lesions.

The following signs will *not* be regarded as evidence of pulmonary disease in the absence of other signs in the same portion of the lungs:

1. Slightly harsh breathing, slightly prolonged expiration over the right apex above the clavicle anteriorly and to the third dorsal vertebra posteriorly. The same signs at the extreme apex left side.
2. Same signs second interspace right anteriorly near sternum (proximity of right main bronchus).
3. Increased vocal resonance, slightly harsh breathing immediately below center of left clavicle.
4. Fine crepitations over sternum heard when stethoscope touches the edge of that bone.
5. Clicks heard during strong respiration or after cough in the vicinity of the sternocostal articulations.
6. The so-called atelectatic râles heard at the apex during the first inspiration which follows a deeper breath than usual or a cough.
7. Sounds resembling râles at base of lung (marginal sounds), especially marked in right axilla, limited to inspiration.
8. Similar sounds heard at apex of heart on cough (lingula).
9. Slightly prolonged expiration at left base posteriorly.
10. Very slight harshness of respiratory sounds with prolonged expiration in the lower paravertebral regions of both lungs posteriorly, most marked at about angle of scapula, disappearing a short distance above that point, equal on both sides, or slightly more marked at the angle on one side, more frequently the left.

The Apices.—Incipient tuberculosis of the apex is often erroneously diagnosed:

1. On account of misinterpretation of normal sings.
2. Because the importance of minor differences between the two sides is exaggerated.

3. Because signs of a healed lesion are considered to indicate an incipient lesion.

For No. 1, see No. 1, page 42.

With regard to No. 2, it is not too much to say that, given a sufficiently minute examination, there would be few men who would fail to show some signs which might be interpreted as having pathological significance.

No. 3. The truly incipient tuberculosis of the apex generally escapes detection when in an active state. When healed it constitutes the abortive tuberculosis of Bard. Induration of the apex has been described by Krönig as a nontuberculous affection. The important question here is whether the signs present indicate a healed or active process. They are harshness of respiratory sounds, prolongation of expiration, increased conduction of voice, and more or less dullness on percussion. These signs are caused by induration of pulmonary tissue. Induration caused by acute inflammation is relatively rare in tuberculosis. It is not characteristic of a recent but of an advanced process, when present to an extent which permits detection by clinical methods. When it does occur, the subject is usually febrile and evidently ill. In cases of ambulant subjects in apparently good health the presumption is that the above signs indicate an old not an incipient lesion. The abortive tuberculosis of Bard, and Krönig's apical induration, whether or not it is due to an obsolete tuberculosis, are not causes for rejection in the absence of tuberculous disease at a lower level in the upper lobe. Narrowing of Krönig's isthmus is extremely common. It is not a sign of recent disease but of contraction of the lung from old disease. In consideration of the frequent asymmetry of the bony structures about the apices slight differences in the width of the isthmus on the two sides are unimportant. A distinct contraction of one side points to the existence of a tuberculous focus of the upper lobe; whether or not this focus is of clinical importance must be determined from the signs in the individual case. Contraction of the isthmus *per se* is not a cause for rejection. The attention of examiners is particularly invited to the necessity of exercising great conservatism in their interpretation of physical signs over the apices. Interpretation of such signs as indicating active tuberculosis would in many cases do the Government great injustice, leading to the exclusion of men who are fit for service. The only trust-

worthy sign of activity of apical tuberculosis is the presence of persistent moist râles.

DIAGNOSIS OF TUBERCULOUS LESIONS IN GENERAL.

The acute lesion.—If small this lesion is manifested by râles with or without changes in breath sounds, percussion note, and voice transmission. The more acute the lesion the greater the probability that its presence will be indicated only by râles. If of large extent the process is distinctly a broncho-pneumonia, generally caseous, characterized at first by the usual signs of pneumonia, crepitant, and subcrepitant râles; when caseated by absence of râles, except coarse and distant râles from the larger bronchi, also by impairment of expansibility of the lung, and more or less dullness or tympanitic resonance; when breaking down by cavity signs and the presence of loud moist râles of varying size. Large acute lesions are rarely found in candidates for enlistment, and the small acute lesion is also comparatively rare.

The arrested chronic lesion.—It is by no means rarely the case that a tuberculous lesion will run its course and become arrested without the knowledge of the subject, who may state in perfectly good faith that he has never had tuberculosis. The arrest of a lesion is indicated by the absence of râles. Such a lesion is characterized by harshness of breath sounds and prolongation of expiration, by increased vocal fremitus and resonance, and by more or less pronounced dullness on percussion.

The active, chronic, localized lesion.—Activity is denoted by the presence of râles, together with the other signs described under the arrested lesion. Râles do not necessarily show that the lesion is extending nor that the activity is of much clinical importance, but in military practice the presence of râles accompanied by breath changes and other signs should be an indication for rejection. The more active and recent the chronic lesion the less marked the breath changes and the more conspicuous the râles.

Disseminated tuberculosis.—True miliary tuberculosis is not likely to come to the attention of the military examiner. *The peribronchial type* is common and frequently not recognized. In the adolescent the peribronchial tuberculosis may be extending from the deep

lung without as yet developing a superficial focus. It may be manifested only by the presence of distant râles with or without slight changes in the breath sounds which are of slight bronchovesicular quality. If the case is well marked there will be impairment of expansibility of the affected side and increased vocal resonance. Less pronounced cases are distinguished from chronic bronchitis only by the character of the râles (coarser in bronchitis) and by their topical distribution.

More frequently the peribronchial type is found accompanying a superficial focus. Bronchovesicular breathing may extend some distance below the limits of the superficial focus with or without râles. But the most important manifestation of the peribronchial type is extension to the formerly sound side. There may be a small, obscure, apparently arrested lesion of one side, usually the right, with a peribronchial extension involving the whole or the greater part of the other lung manifested only by the presence of râles after expiration and cough.

A definitely demonstrated tuberculous lesion of more than insignificant size below the apex is cause for rejection whether such lesion be active or inactive.

Rejection.

The method of "expiration and cough."—In ambulant afebrile subjects harshness of breath sounds and prolongation of expiration characterize the old and relatively dry lesion, while the more acute the process the less marked are the breath changes and the greater are the conspicuousness and significance of râles. No examination for tuberculosis is complete without auscultation following a cough.

It is best executed as follows: Starting from the state of rest of the lung the subject forcibly expels the air from the lungs, reserving the last portion of the expiration for a short cough, after which inspiration immediately follows, but only enough air is inhaled to return the lung to the state of rest. The idea is to diminish the size of the bronchi as much as may be by expiration, then to cough to stir up forcibly such fluid as may be present in them. The moisture is more likely to be moved by the current of air and so produce râles when the tubes are of their least caliber. This procedure should invariably be employed in examinations in order to determine the activity of lesions found by other signs and also to detect the existence of fresh disseminated tuberculosis.

Examination of sputum.—The presence of tubercle bacilli in the sputum is a cause for rejection. Examiners should, however, take pains to convince themselves that the sputum examined came from the lungs of the person under examination. To this end they should insist that the sputum be coughed up in their presence or in that of the pathologist who makes the microscopical examination.

Tuberculin.—It is well recognized that a positive reaction to tuberculin, especially in the young adult, is not a proof of the presence of active clinically important tuberculosis. Tuberculin only demonstrates activity of the tuberculous process in the clinical sense when it can be shown to produce a focal reaction. Such reaction is not without danger. Since, therefore, tuberculin rarely leads to a correct diagnosis and may do injury, its general use in the diagnosis of tuberculosis in examinations for enlistment is prohibited.

X-ray.—Only well-marked pathological changes are revealed by radioscopy. For the accurate diagnosis of tuberculosis recourse should always be had to the study of the X-ray negative. It is not of course practicable always to use radiography extensively for the determination of tuberculosis during the examination of recruits. But the X-ray will doubtless be often employed in doubtful or disputed cases, so that it is necessary to consider the rules which should obtain in reading the radiograph.

Morbid changes in the lungs are shown by shadows due to two substances: First, blood; second, fully organized connective tissue. Blood imprints a shadow on the negative only when present in abundance. The congestion of lobar pneumonia is typical. Broncho-pneumonia of tuberculous origin may also cast shadows, but only when the process is acute, the congestion great. Frequently the tuberculous process runs so chronic a course that the inflammatory reaction is insufficient to congest the lung enough to produce a shadow. The shadow of congestion is not sharply outlined; it melts away at its borders.

Connective tissue in the parenchyma of the lung away from the hilus is not normally present in sufficient quantity to retard appreciably the passage of the X-rays except as it occurs in connection with and as a part of the various tubes, bronchi, blood vessels, and lymphatics. As a result of proliferative inflammation connective tissue develops as a fibrous thickening of these tubes,

particularly the bronchi and the lymph vessels, which casts a shadow deeper than normal; the older the process and the better organized the tissue, the denser the shadow and the sharper its outline. Tubercle, caseations, as such, cast no shadows distinguishable from the other tissues of the parenchyma. It has been found that cubes, 1 cubic cm. in size, of caseous tubercle when embedded in a healthy lung are indistinguishable by the X-ray. But if the caseations become calcified or are even impregnated abundantly with mineral salts they become opaque to the X-ray. In general, and especially if one has to do with the shadows of tubes, it may be said that fuzziness of outline means acute vascular congestion, an active process. On the other hand, when the shadows of the tubes are sharp we have a process which, if active at all, is at least not characterized by great acuity, is not congestive. There is what is called dry tuberculosis of the lung tissue, which inclines to abundant formation of connective tissue, to dry caseations and cicatrizations, or to complete transformation into fibrous tissue, characterized by sharply outlined granular spots and by more or less sharply marked bands and streaks. Special attention is called to the persistence of the sharply outlined dots and lines when activity of the tuberculous process no longer exists. The sharply outlined thickenings of the bronchi and other tubes may be evidence of an old inflammation now entirely obsolete, may be simply records of the ancient history of the pulmonary tuberculosis.

We do not see tubercles in the X-ray negatives. What we see is either sharply outlined calcifications and fibroses, or fuzzy congestions, or a combination of the two conditions. Cases are seen in which the X ray in general gives the same findings in both lungs while the autopsy proves one lung severely, the other slightly, diseased. Such cases illustrate well the limitations of X-ray diagnosis. What is seen in the X-ray negative is the thickened framework of old inflammation in the two lungs, in one accompanied by much parenchymatous disease of recent origin, in the other accompanied by little, the said parenchymatous disease being invisible to the X ray because neither sufficiently congested nor sufficiently organized to cast shadows.

Extensive systems of lines, many sharply outlined spots, or dense streaks do not, then, show an acute process.

Persons in good health with nearly or quite arrested tuberculosis are sometimes found by the X ray to present a picture of very extensive changes of this kind. Yet the prognosis in such cases is not good if the subjects be subjected to severe strain. The radiograph is a proof that the lungs have undergone serious changes. The danger is either that hardship will lead to a reactivation of the numerous more or less quiescent tuberculous lesions, or, if the process has been largely of the nature of fibrosis, that the lungs have been so damaged thereby as to unfit the person for an active life. If then the radiograph shows extensive dappled or mossy shadows or numerous spots and streaks the recruit should be rejected however good his health may appear to be. Shadows of a homogeneous opacity result from pleurisy and are not necessarily a cause for rejection in the absence of other signs.

Tuberculosis of the bronchial glands is a diagnosis often made from the radiograph on very slight foundation. The fact is that pronounced swelling of the lymph glands is characteristic of primary, not of advanced tuberculosis. It is rare that intrathoracic gland tuberculosis is of any clinical importance in the adult. With few exceptions cases of bronchial gland tuberculosis which lead to true symptoms of disease are confined to the first and second years of life. Only rarely, especially in adults, is so-called hilus gland tuberculosis a purely glandular process; it is rather a more or less pronounced disease of the surrounding hilus tissue in the form of peribronchial and infiltrative processes of the neighboring pulmonary tissues. That is, the interscapular dullness relied upon for the diagnosis of enlarged glands, if caused by lung conditions, is due to tuberculous processes in the region of the hilus, participation in which to any important extent on the part of the glands is a matter of conjecture. The presence of masses in the neighborhood of the hilus as shown by the X ray may indeed be cause for rejection, but rejection on account of relatively small opacities in that region on the ground that they indicate a bronchial gland tuberculosis of clinical importance certainly should not be permitted.

Résumé of indications from X-ray negatives.—The X ray shows: 1. Tuberculous disease confined to region of hilus in deep lung. 2. Extension upward toward apex or downward and outward toward base, confined to deep lung. 3. A fine line or two extending to apex with or without small focus or foci there—condition not determ-

inable by physical signs. 4. Clouding of apex without marked lines from hilus, probably largely pleuritic. 5. Well-marked lines extending to superficies of apex, usually, but not necessarily, with foci there—lesion accessible to physical examination. 6. Lines extending toward shoulder as well as apex. (a) If confined to deep lung may mean early and now obsolete exacerbation. (b) If extending to superficies denote larger lesion and less immunity than 5. 7. More or less widely diffused spots, lines, and streaks through a considerable portion of lower lobe approaching periphery of lung, with few or no auscultatory signs—deep peribronchial tuberculosis. 8. More extensive streaked opacities involving greater part of one or both lungs and extending to periphery with few or many physical signs—fibrocaseous tuberculosis, fibrosis preponderating in proportion to scantiness of more or less rounded spots or dots.

Conditions as shown by 1, 2, 3, 4, and 6 (a) are not causes for rejection. Cases under 5 are to be determined by physical examination. Cases under 6 (b), 7, and 8 are to be rejected.

NONTUBERCULOUS DISEASES OF THE LUNGS.

Accept registrants with acute bronchitis, chronic bronchitis unless well marked, and hay fever. Accept.

Accept registrants who give a history of operation for empyema if it is more than one year since the healing of the wound and the physical examinations of the chest are negative. Accept.

Accept registrants for special or limited military service with chronic sinuses of the thorax following operation for empyema, well marked chronic bronchitis, and pneumoconiosis. Accept.

Registrants with pleurisy with effusion and no evidence of tuberculosis shall be placed among temporary defects for reexamination.

Reject registrants from all military service when the following diseases of the lungs can be established by the presence of physical signs: Syphilis, Malignant disease, actinomycosis, Hydatid disease, abscess, empyema, extensive bronchiectasis, fetid bronchitis, bronchial asthma, well-marked chronic bronchitis and emphysema, pleurisy with effusion. Reject.

Accept.	Accept registrants with evidence of fracture of the rib or ribs even if there is union with deformity or excessive callus formation, providing the local lesion does not interfere with respiratory movement and the examination of the lungs is negative for any disqualifying lesion.
Accept.	Accept registrants with syphilitic periostitis of rib, sternum, or clavicle.
Reject.	Reject registrants with tuberculosis of the ribs or sternum.
Accept, remediable deferred group.	Accept registrants for the remediable deferred group with post-typhoid periostitis with or without sinus.
Accept.	Accept registrants with benign tumors of the breast or diffuse hypertrophy of the breast.
Reject.	Reject registrants with definite signs of cancer of the breast or who bring authentic data of an operation for cancer of the breast.
Accept.	Accept registrants with small palpable glands of the axilla.

XII. HEART AND BLOOD VESSELS.

Regulations for Local Board. (Section (184 (j) S. S. R.)

Test of heart and blood vessels. The physician on the Local Board shall make the following examinations of the heart and blood vessels:

1. The *examination* should in all cases include:

(a) Location and determination of character of *apex-impulse*.

(b) Auscultation of the heart sounds over *apex*, lower sternum, and second and third interspaces to right and left of sternum, noting accentuation of sounds and *murmurs*.

(c) Inspection of root of neck and upper thorax and percussion of first interspace on each side of *manubrium* for evidence of *aneurysm*.

(d) Count of radial pulse, observation of its *rhythm*, and palpation of radial arteries for unusual thickening or high tension.

(e) Exercise test: Hopping 100 times on one foot. At close count heart rate with stethoscope over *apex*, listening for murmurs and noting how long *tachycardia* and unusual dyspnea persist. After two minutes neither should be marked.

After this examination the Local Board shall *accept* all registrants who come within the standard for *unconditional acceptance*, which is as follows:

STANDARD FOR UNCONDITIONAL ACCEPTANCE.

2. Subjects with apex impulse within the left nipple line and not below the fifth interspace, of normal, not heaving character, with normal sounds, free from murmurs, without pulsation or dullness above the base of the heart, with regular pulse of normal rate, who have no unusual thickening of the arteries or evidence of high blood pressure, and who show a normal response to the exercise test, may be unconditionally accepted. Acceptance.

3. The Local Board shall reject all registrants presenting definite symptoms of circulatory failure, viz, a combination of breathlessness, marked cyanosis, and edema. Reject.

4. All other cases shall be referred to the Medical Advisory Board.

Regulations for Medical Advisory Board.

The duties of the examiner are:

1. To exclude from active service in the Army any registrant affected with disease of the heart or blood vessels which impairs his ability to undergo severe bodily exertion.

2. To accept for service men who have been recommended for rejection because of supposed defects which do not indicate disease and do not impair the individual's ability to undergo severe bodily exertion.

3. To determine the importance of definite defects in the case of candidates for special service, not entailing severe bodily exertion, and to recommend acceptance or rejection for such special service.

Men who desire to serve their country may from patriotic motives endeavor to conceal a known valvular lesion which has given no symptoms. On the other hand, men drafted for service may allege or feign symptoms to obtain exemption. Registrants may be expected to present physicians' certificates to substantiate the existence of valvular disease. Many of these may be given in good faith, because of inadequate knowledge of the significance of certain frequent murmurs.

It is necessary, therefore, that the conclusions of the examiner shall be based on objective evidence in the widest sense, including both physical signs, cardiac rhythm, measurement of the blood pressure, and the observed effect of effort. Nevertheless, in the presence of questionable signs or symptoms, the history, especially of past rheumatic fever, may be a factor in the final

decision. No statements of the subject, however, will be accepted as proof of the existence of a cardio-vascular defect, unless supported by objective evidence.

Since it is the duty of examiners to protect the interests of the Government by preventing men from entering the service whose circulatory systems may be expected to break down under strain, and equally by preventing the exemption or discharge of fit subjects because of unimportant deviations from the normal, it will be necessary for them to exercise every care in the interpretation of their findings and to bear in mind constantly the murmurs and other departures from the supposed normal which may occur in perfectly healthy hearts.

Standard for unconditional acceptance.—Subjects with apex impulse within the left nipple line and not below the fifth interspace, of normal, not heaving, character, with normal sounds, free from murmurs, without pulsation or dullness above the base of the heart, with regular pulse of normal rate, who have no unusual thickening of the arteries or evidence of high blood pressure, and who show a normal response to the exercise test, may be unconditionally accepted.

All others who deviate from the above requirements in any particular shall be held for further examination, as follows:

1. Those with cardio-vascular disease of *sufficient importance to disqualify* for any service.

2. Those with transient or *insignificant abnormalities* known to occur in perfectly healthy hearts and *compatible with severe bodily exertion*.

3. Those with *defects* sufficient to disqualify for full active service, but *compatible with special and limited military service* requiring little bodily exertion.

Principles of interpretation.—The following principles are laid down for the guidance of examiners in their interpretation of abnormal signs and symptoms. In many cases the interpretation must be purely individual and based on the cumulative evidence of a number of relatively slight deviations from the normal. It can not be too strongly insisted on that, given a heart of normal size and responding normally to effort, *any murmur that is heard should be considered accidental and insignificant unless it can be positively demonstrated that it is a mitral or aortic diastolic murmur*. It should also be constantly borne in mind that the excitement of the examination

may produce violent and rapid heart action, often associated with a transient systolic murmur, which effects may erroneously be attributed to the effects of exertion. They will usually disappear promptly in the recumbent posture, but the examiner must be shrewd to distinguish the excitable individuals and take measures to eliminate psychic influences from the test, so far as possible.

Hypertrophy and dilatation of the heart.—Impulse to the left of the nipple line or below the sixth rib and of heaving character is cause for rejection. Its cause, either valvular disease or hypertension in the majority of cases, should be sought for. It should not be made a primary diagnosis unless careful examination fails to reveal a cause.

Impulse within these limits, but definitely heaving, or relative cardiac dullness extending to the left of the nipple line, or more than 4 cm. to right of the median line in large, more than 3 cm. in small individuals, should lead to careful examination for valvular disease, high blood pressure, emphysema, or other cause. Unless such other cause can be found, the response to exercise shall be the guide. Those cases with normal response to exercise may be accepted for special service (3); all others shall be rejected.

Valvular diseases.—Cardiac murmurs are the most certain physical signs by which valvular disease may be recognized and its location determined, but murmurs are very frequent in the absence of valvular lesions and may occur in perfectly healthy hearts, especially under the influence of excitement and exertion. Such *accidental murmurs* are always *systolic* in time. The most frequent are as follows:

Systolic murmurs.—(a) Those heard at the apex on excitement, especially when recumbent. Insignificant.

(b) Those heard over the second and third left inter-spaces during expiration, disappearing during forced inspiration. These are particularly common in men with flexible chests, who can produce extreme forced expiration and under such circumstances may be associated with definite thrill.

(c) Systolic accentuation of the respiratory murmur, especially on inspiration, heard near the apex or over the back.

None of the above shall be considered disqualifying for active service.

Other systolic murmurs unassociated with enlargement of the heart, alteration of the first sound, accentuation of the pulmonic second sound, or abnormal response to exercise may also be considered as without significance but should be noted.

Doubtful.

Loud *systolic murmurs*, audible at the apex and in the left back, if associated *with any enlargement of the heart*, with snapping first sound, or accentuation of the pulmonic second sound, shall be cause for rejection. If unassociated with these other signs and the response to exercise be normal the recruit may be accepted for special service (3).

Significant.

Systolic murmurs at the base, except as specified above, especially those heard in the *second right intercostal space*, require more careful scrutiny. They may be due to disease of the aortic valves. In this case they should be harsh, conveyed well into the neck, associated with an aortic diastolic murmur, with thrill, or with a marked enfeeblement of the aortic second sound. Any of these combinations shall disqualify. They are more often due to dilatation of the aorta, either syphilitic or arteriosclerotic. The other signs of dilatation should then be sought—increased dullness in the first and second interspaces to either side of the manubrium, pulsation in this area, accentuation of the aortic second sound. In doubtful cases X-ray examination and Wassermann test should be obtained. Where a slight systolic murmur in this situation is the only abnormal sign and the response to exercise normal, giving rise neither to breathlessness nor thoracic pain or distress, it shall not disqualify. Proved dilatation of the aortic arch, or syphilis of the aorta, shall be cause for rejection for active service, but, if without symptoms, shall not disqualify *for special service* (3). It shall be noted on the record. Systolic murmurs heard over the second and third left interspaces are almost always accidental and insignificant. When loud and harsh, heard over the upper left chest, front and back, or associated with thrill during quiet breathing, they may indicate congenital cardiac disease and shall disqualify.

Diastolic murmurs.—All diastolic murmurs, at apex or base, including presystolic murmurs, shall be considered evidence of valvular disease and cause for rejection. The secondary signs should be sought for, viz, enlargement of one or both sides of the heart, alteration

of the first or second sound, particularly a snapping first sound and accentuated pulmonic second sound in mitral disease, and the characteristic pulse of aortic insufficiency. In doubtful cases a definite history of rheumatic fever may be given weight. The exact diagnosis should be noted on the record.

Aneurism and dilatation of the aortic arch.—Aneurism, Arythmia.
wherever situated, shall disqualify.

Aneurism of the thoracic aorta, unless large or placed near the anterior thoracic wall or giving rise to pressure symptoms, is difficult of detection. Simple dilatation of the aortic arch is a diagnosis which can rarely be made positively from physical signs alone. Therefore, when pulsation above the base of the heart, diastolic shock, well-marked dullness laterally to the manubrium, with a ringing second sound or a systolic or diastolic murmur over the dull area, or tracheal tug, inequality of the pupils, difference in the two radial pulses, alteration of the voice, or suspicious symptoms suggest the existence of aneurism or dilatation, X-ray examination and Wassermann test should be obtained. Any considerable dilatation of the aorta shall disqualify. Slight dilatation with a positive Wassermann reaction shall also disqualify. Slight dilatation with a negative Wassermann reaction shall not disqualify, if it be the only impairment and unassociated with symptoms and abnormal response to exercise. Precordial or other anginal pain, which the examiner is convinced is real, may occur without dyspnea and is significant.

Disturbances of rate and rhythm.—A persistent rate of 100 or over, when recumbent, should suggest the search for exophthalmic goiter, tuberculosis, or other infection, which would constitute cause for rejection. A persistent rate of 100 or over may persist for a limited time after recovery from a recent infectious disease, as typhoid fever; it may also accompany minor local infections, as pyorrhoea alveolaris, antrum, or sinus infections. Cases with rapid action for causes such as these, should be accepted and placed in the deferred remediable group. (Group B), or examination temporarily deferred. (187 S. S. R.) Persistent rapid heart action, in the absence of proof of these, and unassociated with enlargement of the heart, may require study in hospital to determine its significance. A constant rate of 100 or more should disqualify. Temporary tachycardia on excitement is

common. If extreme, the decision as to its significance must depend on other findings, especially on the response to exercise. A reliable history of attacks of severe tachycardia in the past, with any breathlessness on exertion, should be reported to the camp surgeon with request for watching of the recruit during his training.

A persistent rate of 50 or under suggests *heart block* and this should be decided by tracings. Heart block shall disqualify. Slow rate with normal rhythm and normal response to exercise shall not disqualify. *Complete irregularity* of the pulse indicates auricular fibrillation and shall disqualify. It is not compatible with normal response to exercise.

Occasional extra systoles or premature beats, if the heart be of normal size and the response to exercise normal, are of no significance. Very frequently extra systoles or premature beats require examination to determine if they are temporary. When persistent, but the only impairment, they should be reported to the camp surgeon with request for watching of the recruit during his training.

The irregularity (sinus irregularity) which consists in a quickening of the rate during inspiration and slowing during expiration is common in the young and is of no significance. It may be recognized most easily with the subject recumbent and breathing deeply.

Arteriosclerosis and hypertension.—All subjects with thickened arteries, apparently tense pulse and accentuation of the aortic second sound, shall have their blood pressures recorded when lying quietly, the systolic pressure by the palpatory and auscultatory, the diastolic by the auscultatory method. A systolic pressure of 200 mm. Hg. or over or a diastolic of 120 mm. Hg. or over shall disqualify. A systolic pressure persistently above 160 mm. or a diastolic above 100 mm. shall disqualify for active service, but if this be the only impairment, the recruit may be accepted for special and limited service (3). The urine should always be tested for albumen in these cases.

Simple thickening of the arteries without high blood pressure or enlargement of the heart and with normal response to exercise shall not disqualify.

Other conditions.—Cases with unusual findings, not covered by these instructions, may be determined on the general principle that, if the heart be not enlarged and

its response to effort be normal, it shall not disqualify. If the response to effort be impaired, but the heart normal in every other respect, and if the subject has not been capable in the past of ordinary active exercise, he should be accepted for special service (3) or reported to the camp surgeon for observation during his training.

BLOOD VESSELS.

Registrants who claim to suffer from intermittent claudication and whose pulsation in the peripheral vessels about the ankle is present shall be accepted for general military service. Accept.

Registrants with the objective signs of Raynaud's disease or erythromelalgia shall be rejected. Reject.

THROMBOPHLEBITIS, UPPER EXTREMITY

Accept as physically qualified for general military service registrants who give a history of thrombophlebitis of one extremity, provided it is one year since the onset of the disease and provided that the examination shows no swelling and no loss of function.

Accept as physically qualified for special or limited military service all other cases of thrombophlebitis of one upper extremity.

THROMBOPHLEBITIS, LOWER EXTREMITY.

Accept as physically qualified for general military service registrants who give a history of thrombophlebitis of one extremity, provided it is three years since the onset of the disease and provided that the examination shows no swelling and no loss of function.

Accept as physically qualified for special or limited military service all other cases of thrombophlebitis of one limb.

Reject as physically deficient and not physically qualified for military service all registrants with a history of or evidence of thrombophlebitis of both lower extremities.

XIII. ABDOMEN.

1. Regulations for Local Board. (Section 184 (k) S. S. R.)

Accept all registrants who after an inspection, percussion, and palpation of the abdomen show no enlargement of the liver and spleen and no tumor of the abdominal wall or within the abdomen. Accept.

Accept.

Accept all registrants who give a history of abdominal trouble suggesting a chronic appendicitis or gall-bladder disease and who on examination present no signs of such diseases.

Accept.

Accept all registrants with small or medium reducible inguinal, femoral, umbilical, and post-operative hernia.

Accept.

Accept all registrants with abdominal scars who give a history of operation for hernia, appendicitis, gall-bladder disease, or for some abdominal injury, providing there is no large hernia in the scar.

Refer to the Medical Advisory Board all registrants who have jaundice, who have enlargement of the liver or spleen or palpable tumor of the abdominal wall or within the abdomen.

Refer to the Medical Advisory Board all registrants who from history and examination suggest very strongly the presence of a gastric or duodenal ulcer or some serious intra-abdominal disease.

Refer to the Medical Advisory Board all irreducible hernia and all very large hernia. /

Reject no abdominal cases.

Kidney.

When during the examination of the abdomen a kidney is palpable and even movable, if it is not enlarged, accept the registrant. If it is distinctly enlarged, refer to the Medical Advisory Board.

2. Regulations for Medical Advisory Board.

When abdominal scars of previous operations are found the patient shall be questioned as to the nature of the operation performed, and when necessary authentic data as to the nature of the operation shall be obtained in any way that seems best to the Medical Advisory Board.

The registrant shall be questioned to elicit positive or negative evidence of previous or present abdominal trouble.

Further examination should be regulated by the history and the result of the examination by inspection, palpation, and percussion.

COMPLETE EXAMINATION.

When necessary, the examination may be completed as follows: Blood count, Wassermann, gastric lavage for the chemical and microscopic examination and gastric residual; the examination of the rectum by the finger and the rectum and lower sigmoid by the proctoscope;

the chemical and microscopic examination of the stools; X-ray pictures of the abdomen for the presence or absence of stone in the kidney or gall bladder, X-ray pictures and fluoroscopic examination after bismuth per mouth or per rectum, and the complete examination of the urine.

3. Method and order of examination.

The Medical Advisory Board is urged in all abdominal cases before proceeding to the more difficult and time-taking method to exhaust the possibilities of detecting the presence or absence of abdominal lesions by a thorough physical examination by inspection, palpation and auscultation, and by a studious consideration of the registrant's positive or negative history.

CAUTION IN REGARD TO THE DIAGNOSIS OF AN ABDOMINAL TUMOR.

Some registrants purposely retain the urine so that at the examination a tumor due to the distension of the urinary bladder may be palpated; therefore, in all such cases the examination of the abdomen shall be considered *incomplete* until the registrant has passed urine before the examiner of the Medical Advisory Board or, in case of any doubt, a catheter has been passed through the urethra into the bladder and such a voluntary retention of urine demonstrated.

It must also be remembered that in some cases the abdominal tumor may be due to retention of the urine through no purposable act of the registrant, but due to fright or some lesion of the urethra or prostate, or to some lesion of the nervous system. All of these facts must be considered in cases of this kind.

4. Hernia.

All other types and degrees of hernia not mentioned in the regulations for the Local Board shall be carefully studied by the Medical Advisory Board. If after this examination it is the opinion of the Medical Advisory Board the hernia is remediable by operation and the registrant is otherwise physically fit, the registrant shall be accepted for general military service in the deferred remediable group (Group B) and diagnosed hernia.

If it is the opinion of the Medical Advisory Board the hernia is not remediable by operation or the probability of a successful operation is small, the registrant, if other-

wise physically fit, shall be placed in the group as physically qualified for special or limited military service. (Group C.)

Reject.

Registrants with hernia of any type so large, reducible or irreducible, *apparently not remediable by operation with a large probability of a successful result*, and who on account of this hernia show every evidence of being incapacitated, they shall be declared physically deficient and not physically qualified for military service by reason of an irremediable disqualifying hernia.

The Medical Advisory Board must remember that in men under age 31 the majority of all types of hernias are *remediable by operation*.

The most difficult hernias to cure are the very large post operative hernia and inguinal, femoral hernia which have recurred once or more frequently after operation.

SCAR PAIN.

Accept.

Registrants who have been operated upon for any type of hernia or registrants with small post operative hernia who claim that they have scar pain who are otherwise physically fit shall be accepted as physically qualified for general military service.

IRREDUCIBLE HERNIA.

It is to be remembered that because the apparent hernia is irreducible this of itself is not evidence that the hernia is not remediable by operation.

Umbilical hernias are frequently irreducible because the sac contains adherent or retained omentum. Femoral and inguinal hernias are often irreducible because the sac contains walled-off fluid or retained or adherent omentum.

Accept operable irreducible hernia for general military service deferred remediable group. (Group B.)

The association of inguinal hernia with undescended testicle with varicocele or hydrocele is not a cause for rejection.

5. Appendicitis.

Registrants who at the examination show the definite local signs of an acute or subsided appendicitis shall be allowed a reasonable time for recovery. (See Temporary defects, section 187, S. S. R.).

Registrants confined to their homes or to a hospital waiting operation for appendicitis or convalescing from

an operation from appendicitis or recovering from an attack of appendicitis shall be given a reasonable time before being subjected to a physical examination by the Medical Advisory Board.

Registrants who have been operated upon for appendicitis with or without drainage and who complain of scar pain, if otherwise physically fit, shall be accepted for general military service. Accept.

Registrants who give a history of operation for appendicitis with or without drainage and who since this operation have had one or more definite attacks of intestinal obstruction relieved with or without operation, if these data can be confirmed by authentic records, should be given a complete abdominal examination. When this examination is complete and the authentic records have been carefully considered, the Medical Advisory Board shall accept such a registrant as physically qualified for general military service when, in their opinion, the probability of further attacks of intestinal obstruction are very slight.

If, in their opinion, the probability of further attacks of the obstruction are not slight, the registrant shall be rejected.

6. Gall bladder disease.

Registrants who at examination show definite local signs of ~~acute~~ subsiding or chronic cholecystitis with or without jaundice and registrants confined to their homes or to a hospital waiting operation for gall bladder trouble with or without jaundice or convalescing from an operation or recovering from an attack shall be given a reasonable time before being subjected to an examination by the Medical Advisory Board.

Registrants who give a history of one or more attacks of what suggests cholecystitis with or without jaundice and who at examination show no local symptoms or but slight local symptoms shall be subjected to a complete abdominal examination. When the diagnosis by the Medical Advisory Board is cholecystitis without jaundice, and the registrant is otherwise physically fit, he shall be accepted as physically qualified for general military service. Accept.

Registrants who give a history of an operation upon the gall bladder (drainage or removal of the gall bladder) or the history of removal of stones from the common duct Accept.

and who at examination are free from jaundice and apparently relieved from the former trouble shall be accepted as physically qualified for general military service. Those who complain of scar pain shall also be accepted. Those who complain of definite recurrent attacks with or without jaundice shall be given a thorough abdominal examination, after which the Medical Advisory Board shall use their own judgment as to whether they shall be accepted as physically qualified for general military service or accepted for general military service, deferred remedial group (Group B).

7. Jaundice.

Registrants who show the signs of jaundice based upon the color of the skin, bile in the urine, and clay-colored stools, shall be subjected to a complete abdominal examination. Such registrants shall not be accepted for either general or special military service until the jaundice has disappeared or until the cause of the jaundice has been ascertained.

Jaundice.

Catarrhal jaundice as a rule disappears in from two to three weeks. Jaundice associated with cholecystitis or pancreatitis as a rule disappears within a few weeks; hence registrants with this type of jaundice can be reexamined after the jaundice disappears.

The examination of registrants with jaundice shall be temporarily delayed until the jaundice has disappeared, but for not more than two months. When the jaundice disappears they shall be reexamined in the ordinary way. If the jaundice persists, they shall be declared as unfit for any military service. Registrants with jaundice and a plus Wassermann should be advised to receive salvarsan and the usual antisyphilitic treatment during the period of delay. No case of persistent jaundice should be accepted for general military service or for special or limited military service.

8. Intestinal obstruction.

The relation of intestinal obstruction to appendicitis has been discussed.

Excluding these causes of intestinal obstruction, this lesion is rare in men between the ages of 21 to 31.

Registrants who give a history of one or more attacks of intestinal obstruction with or without authentic data should receive a thorough examination, and if the findings are negative, should be accepted for general military

service. If the examination brings out any objective findings, indicating a definite intraabdominal lesion, other than hernia or appendicitis, the registrant should be placed in the deferred remediable group (Group B).

Registrants who give a history of an operation for intestinal obstruction from causes other than hernia or appendicitis should furnish authentic data.

If the cause of this obstruction was apparently removed at this operation and the registrants have been free from definite attacks since, the registrant should be accepted for general military service. Accept.

When the cause of the intestinal obstruction revealed at operation was some irremediable disease such as tuberculous peritonitis, or cancer of the colon (tumor not removed), the registrant should be rejected unconditionally.

Registrants who have had previous operations may complain of scar pain, or they may have been told that they have adhesions. A sharp distinction should be made, if possible, from such scar pain and such abdominal discomfort supposed to be due to adhesions and definite attacks of intestinal obstruction. Scar pain.

Scar pain and discomforts due to abdominal adhesions are of themselves not causes for rejection. Individuals not subject to the selective draft often exaggerate the discomforts of scar pain and supposed intestinal adhesions. Registrants may in some instances attempt to claim for disability on account of scar pain and intestinal adhesions, following some former operation. Accept.

Long experience with observations of this kind clearly demonstrates that scar pain and discomforts supposed to be due to an intestinal adhesion with negative findings at a careful examination do not incapacitate the individual from heavy physical work in civilian occupations and therefore should not incapacitate them from general military service.

2. Stomach, duodenum, and colon.

Registrants may complain of weak stomach, indigestion, dyspepsia, constipation, belching, vomiting, various types and degrees of abdominal discomfort; they may claim that they have been told that they have a gastric or duodenal ulcer or other chronic inflammation of the gastro-intestinal tract, or ptosis of the stomach and colon; they may give the history of an operation other than for hernia, appendicitis, gall-bladder disease, or intestinal obstruction.

laboratory findings, just as the presence of albumin in the urine, without other examination, does not make certain the diagnosis of nephritis.

Blood.—The constant presence of blood in the stomach contents, unless the patient retches when the tube is introduced, is suggestive of ulcer or carcinoma.

Microscopic examination of stomach contents.—The microscopic examination of stomach contents is not of a great deal of value in the examination of men of the draft age, though occasionally particles of ulcer or cancer tissue may come up through the tube. The Boas-Öppler bacillus is found in the stomach contents in 90 per cent of the cases of gastric carcinoma. This bacillus has also been found in the stagnant contents of the stomach in which lactic acid was also present, in cases of simple gastrectasis. Blood and pus cells are usually present in the stomach contents, even in the early stages, of gastric carcinoma.

THE FECES.

When indicated, the feces may be examined for occult blood and parasites. Further examination of the feces is left to the discretion of the Medical Advisory Board.

X-RAY EXAMINATIONS.

The X ray, while not infallible, is the most important aid in the diagnosis of gastrointestinal diseases. It gives information regarding the size, contour, position, and muscular function of the stomach and intestines that can be obtained from no other source. It is therefore advisable, but not essential, in cases of suspected ulcer or carcinoma, or in gastroenteroptosis, for the registrant to be given the benefit of an X-ray examination, provided that a competent röntgenologist is available. The interpretation of röntgenoscopic or röntgenographic findings is of the greatest importance. It is often better to have no X-ray examination than to have it done by a man of limited experience, or with an inferior röntgenological outfit.

When the examiner has had the experience, fluoroscopic examinations with the X rays should be made first, and plates only taken when necessary.

In the large majority of cases it may be safer to take one plate of the abdomen first before the bismuth meal is administered. The object of this plate is to reveal or

exclude stone in the ureter or kidney, gall-stones, calcified mesenteric glands, or any changes in the bones of the vertebrae and pelvis. If present, this plate will also show enlargement of the liver, spleen, and kidney.

11. Conclusions from findings of complete examination.

THESE LABORATORY INVESTIGATIONS IN GASTROINTESTINAL LESIONS REQUIRE TIME AND TO BE OF VALUE MUST BE EXACT. THE MEDICAL ADVISORY BOARD SHOULD USE ITS OWN JUDGMENT AS TO WHEN THESE LABORATORY INVESTIGATIONS SHOULD BE MADE.

IT IS IMPORTANT TO EMPHASIZE HERE THAT OF ALL THE LABORATORY TESTS JUST OUTLINED, THE ESTIMATION OF GASTRIC RESIDUUM ON A FASTING STOMACH IS PERHAPS MORE IMPORTANT THAN THE CHEMISTRY OF THE MATERIAL WITHDRAWN FROM THE STOMACH AFTER A TEST MEAL.

REGISTRANTS WITH DEFINITE GASTRIC RESIDUUM DUE TO SOME REMEDIABLE DEFECT SHOULD BE ACCEPTED FOR GENERAL MILITARY SERVICE IN THE DEFERRED REMEDIABLE GROUP. (GROUP B.)

REGISTRANTS WITH DEFINITE BLOOD IN THE GASTRIC CONTENTS SHOULD BE HELD IN THE GROUP OF TEMPORARY DEFECTS, SECTION 187, S. S. R., AND THEN IF IT DOES NOT DISAPPEAR AFTER A REASONABLE TIME, BE ACCEPTED FOR GENERAL MILITARY SERVICE IN THE DEFERRED REMEDIABLE GROUP (GROUP B) IF IN THE OPINION OF THE MEDICAL ADVISORY BOARD THE CAUSE OF THE BLOOD IS REMEDIABLE

REGISTRANTS WHOSE FECES SHOW OCCULT BLOOD IN REPEATED EXAMINATIONS SHOULD BE ACCEPTED FOR GENERAL MILITARY SERVICE IF THE CAUSE OF THE BLOOD IS DUE TO SOME SIMPLE DEFECT WHICH COMES WITHIN THE STANDARDS OF UNCONDITIONAL ACCEPTANCE, AS HEMORRHOIDS, SMALL SUPERFICIAL ULCER OF THE RECTUM, FISSURE OR ANY OF THE INTESTINAL PARASITES. IN OTHER CASES, WHEN THE CAUSE OF THE BLOOD IS APPARENTLY DUE TO SOME REMEDIABLE DEFECT SUCH AS GASTRIC OR DUODENAL ULCER THE REGISTRANT SHALL BE ACCEPTED FOR GENERAL MILITARY SERVICE IN THE DEFERRED REMEDIABLE GROUP (GROUP B). IN DOUBTFUL CASES THE REGISTRANT CAN BE HELD FOR FURTHER EXAMINATION IN THE GROUP OF TEMPORARY DEFECTS. SEE SECTION 187, S. S. R.

Registrants who complain of indigestion, dyspepsia. Accept.
weak stomach, constipation, abdominal pain, belching of

gas, or other subjective symptoms, in which this thorough examination is made, and found negative of organic disease, shall be accepted for general military service.

Accept.

Registrants who complain of the above symptoms and show at the examination slight ptosis of the stomach, colon, or both, with no other objective findings, shall be accepted for general military service.

12. Achylia gastrica.

Accept.

Registrants with this definite finding in the gastric analysis in which there is associated secondary anemia, under weight, diarrhea, and nervous symptoms, should be placed in deferred remediable group. (Group B.)

13. Gastric succorrrhea.

Accept.

Continuous or periodic gastric hypersecretion must depend upon the demonstration of gastric residuum. If the X ray shows pyloric obstruction or any other evidence of an operable benign lesion as its cause, the registrant should be placed in the deferred remediable group. (Group B.)

14. Pellagra.

Accept.

It is probable that many incipient pellagrins will be accepted for general military service by both the local and medical advisory boards because the examination reveals no objective symptoms. Such registrants shall be accepted for general military service.

The most important symptoms of pellagra are burning sensation in the mouth, pyrosis (heartburn), vague discomfort or even pain in the abdomen, diarrhea in 90 per cent of the cases, and burning sensation in the rectum. The skin symptoms are not pronounced during the winter months, and the digestive symptoms may occur without the dermatitis on the dorsal surfaces of the hands, feet, and elbows.

Pellagra does not disqualify for military service unless the registrant is bedridden or has pronounced psychopathic symptoms, and even then the disqualification is only temporary, because pellagrins, even in what was formerly considered the advanced stage, with proper diet and treatment usually made rapid and complete recovery.

Accept for general military service in the deferred remedial group (Group B) registrants with pellagra in advanced stages who are temporarily incapacitated.

15. Gastric ulcer.

The diagnosis of gastric ulcer must depend upon verified history and objective findings in the gastric contents and on gastric residuum, on stools, and on the X-ray study. Registrants exhibiting the objective findings of an acute or chronic gastric ulcer should be placed in the deferred remediable group. (Group B.)

Registrants who give a verified history of gastric ulcer without operation should be accepted for general military service if they present no objective findings at the present examination, and have been without symptoms for six or more months. Otherwise advise Local Board to temporarily defer for reexamination, 187, S. S. R.

Registrants who have been operated upon for gastric ulcer must present authentic records of the findings at the operation and of the method of operation.

Registrants who have been operated upon for gastric ulcer by the Finney pyloroplasty or by resection of the pylorus with a Kocher anastomosis, and who are apparently well and present no definite objective findings at the examination, and when it is at least six months since the operation, shall be accepted for general military service. Otherwise advise Local Board to temporarily defer for reexamination, 187, S. S. R.

When the operation has been a gastroenterostomy with or without resection, and when the registrants are apparently well, with no objective findings, and it has been six months since the operation, they shall be accepted for general military service (Group A), or special or limited military service (Group C), according to the judgment of the Advisory Board.

Registrants who have not been relieved by operation and who still have objective findings shall be placed in the group for limited or special military service. (Group C.)

16. Duodenal ulcer.

The rulings in regard to duodenal ulcer shall be identical with those just given for gastric ulcer.

17. Gastric cancer.

Under the age of 31 this lesion is rare. It is often impossible to make the diagnosis clinically.

When the registrant claims to have been operated upon for gastric carcinoma and furnishes authenticated data, he shall be rejected as not physically qualified for military service by reason of carcinoma of the stomach. Reject.

Reject

When the examination suggests the large probability of carcinoma of the stomach, he shall be rejected.

18. Colon—Intestinal stasis.

Reject, or Group C.

Registrants who claim a previous resection of right portion, or more, of the colon, or some form of ileo-colostomy with anastomosis, should have this claim verified by the Medical Advisory Board, by means of a fluoroscopic examination or X-ray plate. When there is no doubt as to the resection or anastomosis, the registrant shall be rejected (Group D), or placed in the group for limited or special military service (Group C), according to the degree of relief from symptoms, his weight and present ability to pursue his civil occupations.

Accept.

Registrants who claim symptoms or who claim to have been treated for gastropptosis, enteropptosis, nephropptosis, or general ptosis of the abdominal viscera or the so-called intestinal stasis or registrants who claim to have been operated upon for any of the enumerated conditions and in which the operation was not a resection of the colon or an ileo-colostomy shall be accepted for general military service unless there are objective findings other than ptosis.

The regularity of habits, physical exercise, and the outdoor life should render the majority of these conditions remedial by camp life.

It has been definitely proven that the position of the stomach and intestines has nothing or very little to do with digestion or health of the individual.

The majority of cases with extreme symptoms will be underweight and will show objective findings.

19. Colon and rectum carcinoma.

The suggestion of this lesion will be a history of one or more attacks of intestinal obstruction, marked constipation or diarrhea, and blood in the stools. The objective findings are the palpation of an abdominal tumor or the ulcerated mass per rectum, the inspection of an ulcerated tumor through the proctoscope.

Secondary anemia and loss of weight may accompany cancer of the colon, but are not of themselves diagnostic.

When the supposed carcinoma can not be felt per rectum or be seen with the proctoscope, an X-ray examination should be made. In cancer of the colon at the sigmoid and above, the bismuth picture should show a definite narrowing of the lumen of the colon.

Irrespective of symptoms, some positive objective finding must be obtained before even a tentative diagnosis of cancer of the colon can be made.

When the diagnosis of cancer of the colon is made by palpation per rectum or inspection per proctoscope, the registrant shall be rejected. When the diagnosis is based upon the palpation of the abdominal tumor or the X-ray examination, the registrant may be placed in the deferred remediable group (Group B), or rejected, according to the judgment of the Medical Advisory Board. Reject.

Registrants who bring verified data that they have had an exploratory operation for an inoperable carcinoma of the colon should be subjected to the same examination as if they have had no such operation, because if this claim is correct there will be definite objective findings.

Registrants who bring verified data that they have been operated upon for a cancer of the colon and that this operation had consisted of resection of a portion of the colon and anastomosis should be accepted for general military service if three years or more have passed since the operation and they are apparently well. Other cases should be placed in the group for limited or special military service. (Group C.) Accept.

Registrants who bring verified data that they have been operated upon for cancer of the rectum or lower colon from below or by the combined sacral and abdominal method shall be rejected. Reject.

20. Colon—Colitis—Proctitis.

The diagnosis of either of these lesions must rest upon definite objective findings. Diarrhea of itself, with or without blood, is not a cause for rejection, but simply an indication for a thorough examination. So-called mucous colitis without objective findings is not a cause for rejection.

In cases of this kind there must be a thorough examination with the proctoscope. If there are numerous polypoid growths, with or without ulceration, the registrant shall be placed in the group of special or limited military service (Group C), or rejected, according to his ability to work.

If there is a single ulcer, carcinoma and tuberculosis must be excluded, by microscopic study, and syphilis by a Wassermann and the therapeutic use of salvarsan.

Accept registrants with ulcers of rectum and sigmoid which are neither malignant nor tuberculous.

21. Examination of stools.

When indicated the feces shall be examined. The presence of blood is not a cause for rejection, but simply an indication for a thorough examination as to its cause.

The presence of intestinal parasites of any kind in the stools does not disqualify, and registrants should be accepted for general military service.

22. Liver.

Moderate enlargement of the liver without any other objective findings shall not disqualify.

Reject. A huge enlargement of the liver shall of itself render the registrant unfit for any military service.

Doubtful. Enlarged or atrophied liver with jaundice and fluid in the peritoneal cavity disqualifies if the Wassermann test is negative. If the Wassermann test is positive, the patient should be placed in the group of temporary defects (Sec. 187, S. S. R.), until the result of appropriate antisyphilitic treatment is established. The majority of these cases, however, are not relieved and should be rejected.

LIVER ABSCESS.

Accept. Registrants who bring a verified history of an operation for an abscess of the liver shall be accepted for general military service if it is more than six months since the operation and they are apparently free from objective symptoms. Otherwise reject.

Registrant with definite objective symptoms of abscess of the liver should be held as temporary defects. (Sec. 187, S. S. R.)

23. Spleen.

Accept. Moderate enlargement of the spleen with no other objective findings shall not disqualify, but the blood of such registrants should be examined for malaria. If the plasmodium is found the registrant shall be accepted for general military service. (Group A.)

Reject. A huge enlargement of the spleen shall reject.

When the spleen is enlarged, examination of the blood should be made for leukæmia and other types of anemia which, when definitely established, shall reject.

24. Abdominal tumors.

The palpation of a definite abdominal tumor calls for a thorough investigation of its nature.

In paragraph 3, page 59, attention is called to distention of the urinary bladder as one of the causes of an abdominal tumor.

When the palpated tumor suggests an appendicitis with abscess or inflammatory exudate, or a distended gall-bladder. (See Sec. XIII, 5 and 6, this Manual.) Accepted and sent to camp.

If the palpable tumor is in the region of the kidney, see genitourinary section, paragraph xv, page 80.

Abdominal tumors due to enlargement of the liver or spleen, or to a supposed cancer of the colon have been discussed.

The clinical diagnosis of the cause and nature of any abdominal tumor is always difficult. The number of cases of abdominal tumor in men under the age of 31 years is small. For this reason when the diagnosis is doubtful the registrant should be placed in the group of temporary defects (sec. 187, S. S. R.), unless the Medical Advisory Board is convinced that the tumor is incurable or inoperable, when he should be rejected.

25. Tuberculous peritonitis.

The objective findings of this lesion are the palpation of an abdominal mass and the demonstration of fluid in the peritoneal cavity; as a rule, also, the registrant will be under weight and anemic and exhibit fever. Irrespective of the diagnosis, such objective findings are causes for rejection. Reject.

26. Tumors of the abdominal wall.

Those due to irreducible hernia have been discussed.

The common tumor of the abdominal wall is a fibroma in the area of the recti muscles. Registrants with tumors of this kind should be accepted. Accept.

27. Fistula.

Sinuses in the abdominal wall communicating with hollow viscera, whether spontaneous in origin or following operation or injury, should be carefully investigated.

If in the opinion of the Medical Advisory Board the lesion is distinctly operable and curable, the registrant should be placed in the deferred remediable group (Group B). When in the opinion of the Medical Advisory Board there is a serious question as to its operability or Doubtful.

curability, the registrant should be rejected or accepted for special or special military service. (Group C.)

Now and then after the drainage for appendicitis a deep sinus may persist for months without fecal matter exuding through this sinus. In the majority of such cases operation is contraindicated. Registrants with sinuses of such character should be placed in the group or temporary defects. (Sec. 187, S. S. R.).

XIV. ANUS.

Regulations for the Local Board. (Section 184 (1), S. S. R.)

Acceptance. *Accept* all registrants in which the anus is apparently normal and all with small external and internal hemorrhoids, fissures, and condylomata.

Refer all other cases to the Medical Advisory Board.

Lesions. Reject no lesions in this area.

Regulations for the Medical Advisory Board.

Accept. *Accept* all registrants with external hemorrhoids and with internal hemorrhoids, providing the local condition is not interfering with the registrant's ability to work and providing an examination reveals no indication for immediate operation.

Accept reme-
diable deferred
group. Place in the *remediable deferred group* (Group B), all cases of internal hemorrhoids which on account of bleeding or prolapse are evidently giving discomfort and interfering with the work of the registrant.

Accept reme-
diable deferred
group. Place in the *remediable deferred group* (Group B), with hemorrhoids and prolapse of the rectum of a degree as easily operable as the ordinary case of internal hemorrhoids.

Reject. *Reject* from all military service registrants with an extreme degree of prolapse of the rectum which in the opinion of the Medical Advisory Board are not remediable by operation.

Accept. Place all registrants with a simple fistula in ano in the remediable deferred group (Group B), provided lesion seems operable.

Reject. *Reject* from all military service registrants with irre-mideable multiple fistula in ano, especially those which have recurred once or more after operation.

In all cases of registrants with fistula in ano accepted for general military service, remember the possibility of incipient tuberculosis of the lungs.

Accept. *Accept* registrants who claim they have pruritis ani, providing the urine shows no sugar.

Reject registrants from all military service with paralysis of the sphincter and associated with lost control and withholding the feces in the lower bowel irrespective of the cause. Reject.

Reject registrants from all military service in which there is a definite and pronounced stricture in the area of the anus or lower rectum irrespective of its cause. Reject.

Accept registrants who have been operated upon for any benign lesion in the region of the anus and lower rectum, providing they have control of the stool and no marked stricture. Accept.

In the examination for lesions in the region of the anus and lower rectum there must be in every instance a rectal examination with the finger and inspection. The best position for inspection is the knee chest. In this position and during inspection the registrant should be requested to bear down. Examination of anus.

When indicated, the lower rectum should be examined with the proctoscope. Proctoscope.

Reject registrants with definite evidence of cancer of the anus or lower rectum, or who bring verified evidence that they have been operated on for this lesion, irrespective of whether there is local recurrence or not. Reject.

XV. GENITO-URINARY ORGANS AND VENEREAL DISEASES.

Regulations for the Local Board. (Section 184 (m) S. S. R.)

Reject extraversion of the bladder, distinct hermaphrodites, and registrants whose penis has been totally destroyed by operation or disease. Rejection.

Accept all cases with no signs of disease of the genito-urinary organs, all acute and chronic cases of gonorrhea and syphilis who have no complications permanently incapacitating. Acceptance.

Accept varicocele, hydrocele, undescended testicle, and registrants with but one testicle, providing they do not give a definite history that the removed testicle was the seat of malignant disease. Acceptance.

Refer all cases in which the history and examination indicate an acute or chronic nephritis, all cases in which you find blood in the urine, and all other doubtful cases to the Medical Advisory Board. Physical examination.

Registrants with gonorrhea or syphilis should be advised to accept treatment pending receipt of orders to report for duty. Gonorrhea or syphilis to be treated.

Regulations for the Medical Advisory Board.

VENEREAL DISEASES.

Gonorrhea and its complications.

Registrants temporarily incapacitated with the complications of gonorrhea, syphilis, or chancroid may be placed in the group of temporary defects, section 187, S. S. R., and granted a reasonable delay before completing the physical examination. During this time they should be urged to take proper treatment.

Accept.

It is of the utmost importance for the Medical Advisory Board to distinctly bear in mind that gonorrhea in all of its stages does not unfit a registrant for general military service.

Accept.

All the complications of gonorrhea which are remediable shall be accepted for general military service. Stricture, fistula, abscess, epididymitis, seminal vesiculitis, prostatitis, cystitis, and joint complications, shall be accepted if in the judgment of the Medical Advisory Board the condition is remediable. If the Medical Advisory Board is not in a position to make a thorough investigation with the instruments of precision, or if it is in any doubt, the registrant shall be accepted for general military service.

Treatment of gonorrhea.

In all the cantonments provision has been made for the segregation and treatment by experts of all registrants suffering with gonorrhea and its complications.

Accept.

For this reason every registrant suffering with gonorrhea with or without remediable complications should be accepted as physically qualified for general military service. (Group A.)

If the registrant can be given proper treatment, this can be advised and instituted pending receipt of orders to report for duty.

This treatment should be given only by members of the profession specially trained with the modern instruments of precision, modern methods and who have had large experience.

When the joint complications of gonorrhea have reached a stage of distinct ankylosis, the classification of the registrant will be made upon the actual resultant loss of function as described in Section XVI, and will not depend upon the presence or absence of gonorrhoea or any other complication.

Accept.

Syphilis and all its remediable complications shall be accepted for general military service. The registrant

should be advised treatment pending receipt of orders to report for duty.

Chancroid and Chancroidal Glands of the Groin shall be accepted for general military service unless in the opinion of the Medical Advisory Board it is of a degree in which it would be unsafe to order the registrant to a cantonment. When this unusual incapacitating complication is present the registrant shall be considered as having a temporary defect, section 187, S. S. R. Accept.

In all cases the registrant shall be advised treatment pending receipt of orders to report for duty.

Registrants with chancroid, healed or unhealed, and with infected or enlarged glands in the groin, and who consent to operation upon these glands, should not be subjected to such operation unless there are definite signs of suppuration and the extent of the operation must be confined to incision and guarded curetting. It is the consensus of opinion among surgeons of experience that the complete dissection of the glands in the groin for gonorrhoeal or chancroidal lymphangitis not only prolongs convalescence, but is often followed by lymphatic oedema of the penis, scrotum, and leg, in some cases to a degree that may be called elephantiasis.

Registrants with *phimosis*, even with adherent prepuce, shall be accepted for general military service; even though the registrant consents, circumcision should not be performed unless it is distinctly indicated. Accept.

Benign warts and other benign tumors of the glans penis and the prepuce and the so-called venereal warts, do not disqualify the registrant for general military service. If the registrant consents, their removal may be performed pending receipt of orders to report for duty. Accept.

Malignant tumors of the penis.—Registrants with a growth or ulcer on the penis suggestive of malignancy should not be accepted for general military service. When the registrant consents to operation, judgment shall be deferred until a microscopic study of the removed lesion is made. If the diagnosis is cancer, the registrant shall be rejected. If it is not cancer, he shall be accepted. When the registrant refuses operation he shall be placed in the group of temporary defects, section 187, S. S. R., for further observation, unless in the opinion of the Medical Advisory Board there is no question that the lesion is malignant, and the registrant shall then be rejected. Doubtful.

When the registrant furnishes a verified history that he has been operated on for cancer of the penis he shall be rejected if the entire penis has been removed by operation. When, however, sufficient of the penis remains not to interfere with the function of micturition, or not to be an unsightly deformity, the registrant shall be accepted, if there are no signs of recurrence and it is three years since the operation. Otherwise he shall be rejected.

In cases of this kind try to get the microscopic section of the original tumor and submit it to two or more pathologists for reexamination, because not infrequently in young men the so-called malignant venereal wart has been removed under the diagnosis of cancer. Such warts are rarely, if ever, carcinoma. When the reexamination of such a section changes the diagnosis from cancer to that of a benign wart, the registrant shall be accepted for general military service.

Accept.

Varicocele.—The physicians on the Local Board have been directed to accept registrants with varicoceles. Should cases of this kind be referred to the Medical Advisory Boards because of the large size of the varicocele, or because the registrant claims that he is incapacitated, the registrant shall be accepted for general military service, and operation shall only be advised pending receipt of orders to report for duty when in the judgment of the Medical Advisory Board it is distinctly indicated on account of the large size of the varicocele. Do not advise operation to relieve the patient of nervous symptoms which he may attribute to his varicocele.

Accept.

Hydrocele.—Should registrants with large hydroceles be referred to the Medical Advisory Board, and when in its opinion operation is indicated because of its large size, the registrant may have this operation performed pending receipt of orders to report for duty; but hydrocele itself is not a cause for rejection.

Accept.

Testicle.—The absence of one testicle is not a cause for rejection unless the registrant furnishes verified proof that the testicle was removed for malignant disease, and he should then be rejected. If possible, in cases of this kind, sections of the removed tumor should be obtained and submitted to two or more pathologists to verify the diagnosis.

Atrophy of one testicle does not disqualify for general military service.

Atrophy or loss of both testicles does not disqualify for general military service if the registrant is otherwise physically and mentally fit.

When there is enlargement of the testicle, apparently not due to hydrocele nor to gumma, the possibility of malignant tumor must be considered. The registrant should be placed in the deferred remediable group. (Group B).

In all cases of testicular enlargement, with or without hydrocele, make the Wassermann test. If positive, advise salvarsan.

Epididymitis.—This lesion, acute or chronic, is usually associated with gonorrhea. It may be a temporary result after operation for varicocele or inguinal hernia. The lesion itself does not disqualify. Accept.

A registrant with a chronic induration of the epididymis with no history or evidence of gonorrhea, no history of recent mumps, or recent operation for hernia or varicocele, should be examined with the greatest care for other signs of tuberculosis of the genito-urinary tract and tuberculosis elsewhere.

Tuberculosis of the genito-urinary tract disqualifies for all military service. Reject.

A registrant with such an induration of the epididymis and without evidence of tuberculosis elsewhere should be advised to have the area explored under novocaine—an operation which is the best thing for him. The indurated area should be removed and a microscopic section made. If tuberculosis is found, the registrant shall be disqualified for any military service.

When the registrant refuses this operation and is otherwise physically qualified, he shall be accepted for general military service.

Tuberculosis of the Genito-Urinary Organs.—In the majority of cases there will be a single or bilateral epididymitis, with or without abscess or sinus, small nodules along the vas deferens, induration of the seminal vesicles and prostate, and a purulent cystitis. A registrant with such objective signs shall be rejected, even though the examination of the urine fails to reveal the tubercle bacilli. Reject.

Cystitis.—Registrants with recent or acute cystitis should be held as temporary defect, section 187, S. S. R.

Registrants with chronic or subacute cystitis without residual urine shall be accepted for general military

service and advised treatment by a competent urologist pending receipt of orders to report for duty.

Registrants with chronic cystitis with definite residual urine of a duration longer than two months, in which there is no evidence of stricture of urethra, should be carefully studied as to the cause, such as diseases of the central nervous system, obstruction at the neck of the bladder, and stone. If there is no stone in the bladder and no other remediable cause to be demonstrated, the registrant shall be rejected.

If a vesical calculus is found, the registrant should be placed in deferred remediable group (Group B).

Reject.

Bladder Tumors.—Registrants who show at the cystoscopic examination benign or malignant tumors of the bladder or who give a history of operation for a malignant tumor of the bladder shall be rejected.

Registrants who give a history of the removal of a benign tumor of the bladder shall be accepted for general military service only when a cystoscopic examination shows no evidence of a recurrence of the tumor.

If the Medical Advisory Board is not prepared to perform cystoscopic examinations, and the concomitant cystitis is not of a degree to disqualify, the registrant should be accepted.

Kidney, pyelitis.—This is diagnosed only when the ureters are catheterized and the pus demonstrated to come from the kidney and not from the bladder.

Registrants with pyelitis and no evidence of any other serious condition of the kidney should be placed in the deferred remediable group (Group B).

Severe infections of the kidney, surgical kidney, whether associated with renal calculus or not, tuberculosis of the kidney, extreme degrees of hydronephrosis and all tumors of the kidney—that is, lesions for which the remedy is nephrectomy—and all registrants who have had one kidney removed or destroyed by any cause, should be rejected.

Renal Calculus.—When symptoms suggest and the X-ray shows a stone in the kidney and there are no definite objective findings of a serious injury to the kidney, the registrant shall be placed in the deferred remediable group (Group B).

Palpable or floating kidney is not of itself a cause for rejection.

Albumen and casts, with or without blood in the urine, found on repeated examination, should place the registrant in the group of temporary defects, Section 187, S. S. R. Chronic nephritis disqualifies for any military service, while acute transitory nephritis does not disqualify after all the symptoms have disappeared and repeated examinations of the urine are negative. Albuminuria.

Transient albuminuria does not of itself disqualify for general military service, but these cases should be carefully studied, and examination temporarily delayed, section 187, S. S. R.

Persistent permanent albuminuria which does not disappear when the patient is at rest and on restricted diet, shall be rejected.

Stone in the *ureter* without complications should be placed in the deferred remediable group (Group B).

XVI. AFFECTIONS COMMON TO BOTH EXTREMITIES.

Regulations for Local Board. (Section 184 (n), S. S. R.)

Reject all diseases, injuries, and amputations which have destroyed the function of *both* lower limbs or *both* upper limbs. Rejection.

Reject all registrants with an extensive disease of one joint associated with sinuses of long duration. Rejection.
Acceptance.

Accept all registrants who have no loss of function of both upper and lower extremities and no restriction of joint function.

Refer to the Medical Advisory Board all registrants with one good arm *and* one good lower extremity and all other doubtful cases.

Regulations for the Medical Advisory Board.

Accept for limited and special military service (Group C) registrants with one good arm and one good lower extremity providing he is able to perform and is performing some useful occupation; if not, reject (Group D).

GENERAL STATEMENTS IN REGARD TO AFFECTIONS OF BONES AND JOINTS.

Proven active tuberculosis of bone or joint shall reject the registrant from any military service.

The diagnosis of active tuberculosis of bone or joint shall rest upon the examination showing swelling, re-

striktion of joint motion, tenderness and muscle spasm, and the evidence of bone destruction in the X-ray plate.

If the registrant gives a history of tuberculosis of bone or joint apparently healed with no evidence of active disease for at least 10 years, the acceptance of this registrant for general military service or for special or limited service shall depend upon the degree of loss of function in the involved joint and degree of deformity and disability.

If the period is less than 10 years the registrant shall be rejected.

Registrant suffering from a recent injury of bone or joint, with or without fracture or dislocation, shall be given a reasonable time for recovery before the final examination is made. Registrants confined to their house or the hospital or under ambulatory treatment for nontuberculous osteomyelitis or for any form of nontuberculous arthritis of one or more joints will be given a reasonable time for convalescence for their final examination. Temporary defect, section 187, S. S. R.

NONTUBERCULOUS AFFECTIONS OF BONES AND JOINTS.

The decision as to acceptance or rejection for general or for special or limited military service for affections of the bones and joints of nontuberculous character shall depend upon the function of the involved portion of the extremity at the time of the examination and the presence or absence of a sinus or other distinct evidence of the existence of a still active process, and not upon the cause or nature of the previous disease.

Registrants giving a history of a compound fracture and who on examination reveal a sinus communicating with the seat of the fracture when the union is solid and function is good shall be accepted.

Registrants who give a history of a fracture which has been operated upon and fixed by a bone plate with screws shall be accepted if the bone union is solid, and the function is unimpaired.

Registrants presenting ununited fractures shall be placed in the Deferred Remedial Group (Group B), if in the opinion of the Medical Advisory Board the nonunion is remediable. If in the opinion of the Medical Advisory Board the condition is irremediable by operation or by treatment, they should be accepted for special or

limited military service (Group C), unless it is the opinion of the Medical Advisory Board that they should be rejected.

Registrants who give a history of osteomyelitis and who on examination show evidence of this process apparently healed, but who have still one or more existing sinuses, shall be rejected for general military service or accepted for limited or special military service, according to the degree of the disability.

Accept as physically qualified for general military service registrants with bone tumors which do not interfere with joint function or in any way with the function of the extremity. Accept.

Bone tumors belonging to this class are single and multiple exostoses and healed benign bone cysts.

Accept as physically qualified for general military service registrants who give a history of an operation for a benign bone tumor and the function of whose extremity has not been impaired by this operation. Accept.

Bone tumors belonging to this class are exostoses, enchondroma, benign bone cysts, and the giant cell tumor.

Place in the deferred remediable group (Group B), registrants in which the examination and X-ray picture suggests a benign bone tumor remediable by operation without loss of function of the neighboring joint or the extremity.

Reject as physically deficient and not physically qualified for military service registrants who bring authentic data of an operation for a malignant bone tumor, irrespective of the result, and registrants in which the diagnosis from physical examination and X ray suggests a large probability of a malignant bone tumor. Reject.

Accept as physically qualified for special or limited military service (Group C), registrants who give a history of an operation for some benign bone tumor but the result of which operation has interfered with the function of the neighboring joint or the function of the extremity involved of a degree rendering the registrant unfit for general military service. Accept.

The so-called giant cell sarcoma shall be looked upon in these regulations as a benign bone tumor, provided the Medical Advisory Board is able to submit sections of the tumor to two competent pathologists who agree in the diagnosis of a benign bone tumor.

of active motion is not more than 25 per cent of the normal. If the restriction of the motion is more than 25 per cent of the normal or when two or more joints are involved, irrespective of the degree of limitation, the registrant shall be accepted for special or limited military service (Group C), provided the Medical Advisory Board is of the opinion (after investigation) that they are capable of any service; if not, they shall be rejected.

Accept.

Accept registrants for general military service with such deformities as slight coxavara, knock knee, bow leg, and deformity of the ankle after Potts fracture, provided there is no interference to the function of walking and weight bearing, as demonstrated by the examination and by the occupation in which the registrant is engaged at the time of examination.

Knee joint (so-called internal derangements of the knee).—Loose bodies, dislocation of semilunar, slipping patella, place in the deferred remediable group (Group B).

Bursitis.—Registrants with benign tumors, extra articular, shall be accepted for general military service when not disabling. In the latter case place in the deferred remediable group (Group B).

Accept.

Foot.—Accept for general military service all registrants with lesion of the feet and toes irrespective of present function, when, after examination it is of the opinion of the Medical Advisory Board that the lesion is remediable by treatment or by operation. If no member of the Medical Advisory Board is trained in orthopedic surgery the board shall accept all doubtful cases. Registrants with lesions or deformities of the foot totally disabling them for general military service, and, in the opinion of the Medical Advisory Board, irremediable by treatment or by operation, should be accepted for special or limited military service (Group C), or rejected on the basis of the examination taken in conjunction with the registrant's present occupation.

Limping and lameness, per se, are not a cause for rejection. The cause thereof must be the deciding factor.

Registrants presenting a shortening of the lower extremity of 1 inch or less is not, per se, a cause for rejection. Registrants presenting shortening of the lower extremity of more than 1 inch may be accepted and placed in Group C for special or limited military service.

XIX. HEIGHT, WEIGHT, AND CHEST MEASUREMENTS.

Regulations for the Local Board. (Section 184 (q) S. S. E.)

Registrants whose chest measurements do not come within the limits of the table and who have no disqualifying defect are referred to the Medical Advisory Board.

Accept registrants above 78 inches in height when exceptionally well proportioned. Refer all other such cases to the Medical Advisory Board. Accept above 78 inches.

Reject registrants of less than 58 inches in height. Reject less than 58 inches.

Refer to the Medical Advisory Board registrants whose height is more than 58 inches and less than 60.

Reject registrants whose weight is less than 100 pounds unless it is plainly due to some recent illness and otherwise the registrants have no disqualifying defect. Reject less than 100 pounds.

Registrants whose weight is more than 100 pounds and less than 114 pounds and who have no other disqualifying defect are to be referred to the Medical Advisory Board.

Registrants under weight in proportion to their height (see table), unless it is plainly due to some temporary cause, are referred to the Medical Advisory Board. When this underweight can reasonably be explained and the registrant otherwise is physically fit, *accept*. Underweight for height.

Registrants with overweight are to be *accepted* unless the obesity interferes with normal physical activity. Refer all doubtful cases to the Medical Advisory Board. Overweight for height.

The following weights and measurements should be taken with the greatest care:

A.				B.			
Standard accepted measurements.				The following variations from the standard shown in column A are permissible when the applicant is active, has firm muscles, and is evidently vigorous and healthy.			
Height.	Weight.	Chest measurement.		Height.	Weight.	Chest measurement.	
		At expiration.	Mobility.			At expiration.	Mobility.
<i>Inches.</i>	<i>Pounds.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>Pounds.</i>	<i>Inches.</i>	<i>Inches.</i>
60.....	120	31	2	60.....	114	30	2
61.....	120	31	2	61.....	114	30	2
62.....	120	31	2	62.....	114	30	2
63.....	124	31	2	63.....	116	30	2
64.....	128	32	2	64.....	120	30	2
65.....	130	32	2	65.....	120	30	2
66.....	132	32½	2	66.....	120	30½	2
67.....	134	33	2	67.....	120	30½	2
68.....	141	33½	2½	68.....	121	30½	2
69.....	148	33½	2½	69.....	124	31	2
70.....	155	34	2½	70.....	128	31½	2
71.....	162	34½	2½	71.....	133	31½	2
72.....	169	34½	3	72.....	138	32½	2½
73.....	176	35½	3	73.....	143	32½	2½
74.....	183	36½	3	74.....	148	33½	2½
75.....	190	36½	3½	75.....	155	34½	2½
76.....	197	37½	3½	76.....	161	34½	2½
77.....	204	37½	3½	77.....	168	35½	2½
78.....	211	38½	4	78.....	175	35½	2½

Regulations for the Medical Advisory Board.

Directions for taking height.—Use a board at least 2 inches wide by 80 inches long, placed vertically, and carefully graduated to $\frac{1}{4}$ inch, between 60 inches and 78 inches from floor. Obtain height by placing vertically in firm contact with the top of head and against the measuring rod an accurately squared board about 6 by 6 by 2 inches—best permanently attached to graduated board, by long cord. The recruit should stand erect with back to the graduated board, eyes straight to the front.

Reject.

Registrants whose height is less than 60 inches shall be rejected from general military service, but if they are otherwise physically and mentally fit they may be accepted for special or limited military service.

Accept.

Registrants who weigh less than 114 pounds shall not be accepted for general military service unless in the opinion of the Medical Advisory Board it is a remediable defect.

Registrants who weigh more than 120 pounds, but less than the prescribed weight for the height indicated in the table of measurements of height and weight, may be accepted when in the opinion of the Advisory Board the defect is remediable by camp life. If, however, in the opinion of the Advisory Board the defect is not remediable these registrants, if otherwise physically and mentally fit, shall be accepted for special and limited military service. (Group C.)

A registrant who appears not to be able to expand the chest 2, 2 $\frac{1}{2}$, or 3 inches, respectively, as per table should be examined especially to ascertain if the failure of adequate chest expansion is due to ignorance and lack of practice. If in the opinion of the Advisory Board the lack of the prescribed expansion is remediable by camp life and the registrant is otherwise physically and mentally fit he shall be accepted. If, however, in the opinion of the Advisory Board the defect of expansion is not remediable and the registrant is otherwise physically and mentally fit he shall be accepted for special and limited military service. (Group C.)

A registrant whose height is 78 inches or more should be carefully studied. If he is well proportioned and not over or under weight and otherwise physically fit with no signs of giantism or acromeglia he should be accepted.

XX. DENTAL REQUIREMENTS.

Regulations for the Local Board. (Section 185, S. S. R.)

Accept registrants who have three serviceable natural ^{Acceptance.} masticating teeth above and three below opposing and three serviceable natural incisors above and three below opposing. All these teeth must be so opposed as to serve the purpose of incision and mastication. Therefore, the registrant shall have a minimum total of six masticating teeth and a minimum total of six incisor teeth.

The needed dental treatment will be performed at the ^{Dental treat-} cantonment. However, if time permits, a registrant, if ^{ment.} he prefers, may have the necessary work done at home previous to his induction into military service.

DEFINITIONS.

(a) The term "masticating teeth" includes molar and ^{Masticating} bicuspid teeth, and the term "incisors" includes incisor ^{teeth.} and cuspid teeth.

(b) A natural tooth which is carious (one with a ^{Natural} cavity), which can be restored by filling, is to be consid- ^{teeth.} ered as a natural serviceable tooth.

(c) Teeth which are restored by crowns or dummies ^{Bridge work.} attached to fixed bridge work, when well placed, shall be considered as serviceable natural teeth, when the history and the appearance of these teeth is such as to clearly ^{Physical ex-} warrant such assumption. ^{amination.}

(d) A tooth is not to be considered a serviceable ^{Infected} natural tooth when it is involved with excessively deep ^{teeth.} pyorrhea pockets, or when its root end is involved with a known infection that has or has not an evacuating sinus discharging through the mucous membrane or skin.

Refer all other cases to the Medical Advisory Board.

No registrants can be rejected on account of teeth defects. (C. S. S. R. No. 3, Jan. 28, 1918.)

Regulations for Medical Advisory Board.

The dentist on the Medical Advisory Board shall reexamine the teeth of all registrants referred by the Local Board.

When this examination demonstrates that the registrant has the number and character of teeth placing him within the standards of unconditional acceptance as clearly defined in the regulations to the Local Board, section 185, S. S. R., the registrant shall be accepted for general military service.

All other registrants who do not come within the standards of unconditional acceptance of dental requirements shall be accepted for special or limited military service (Group C).

**URGENT SUGGESTION FOR THE BENEFIT OF REGISTRANTS
ACCEPTED FOR GENERAL MILITARY SERVICE.**

The dentist on the Medical Advisory Board is urged to consult and cooperate with the dentist on the Local Board to devise ways and means of persuading registrants accepted for general military service to have urgent dental work done pending receipt of orders to report for duty.

All hopelessly diseased teeth should be extracted. Chronic focal infections involving the teeth and jaws should be eradicated. If this is done before the registrant reports for duty at the cantonment, the necessary plate work can be more quickly placed at the cantonment, and even more important the registrant will be protected from systemic complications which are liable to occur when the individual is placed under the strain of military training.

XXI. GENERAL.

Regulations for the Local Board. (Section 184 (r), S. S. R.)

- | | |
|-----------------------------|---|
| Tuberculosis. | Refer to the Medical Advisory Board all registrants |
| Physical examination. | who, from their history and after their complete examination, suggest the possibility of tuberculosis in some part of the body. |
| Anemia. | Refer to the Medical Advisory Board all cases who, at the general examination, seem to have a marked anemia even though otherwise physically fit. |
| Debility. | Refer to the Medical Advisory Board all cases who, after examination, impress you as in an extreme state of debility, even if the other examinations are negative. |
| Tumor. | Refer to the Medical Advisory Board all registrants who give a history of an operation or any other treatment for a malignant tumor, even if there is no evidence of recurrence, and all registrants who, at examination, have any tumor or ulcer suspicious of <i>malignancy</i> . |
| Confined and incapacitated. | Registrants confined to their homes, hospitals, or institutions who claim to be suffering from hopeless totally incapacitating diseases should be thoroughly investigated by the Local Board in consultation, if necessary, with the Medical Advisory Board. |

Some of these registrants may have remediable defects. In others the claim may be incorrect. (C. S. S. R. No. 3, Jan. 28, 1918.)

Regulations for the Medical Advisory Board.

The registrant who upon examination is found to suffer from anemia should be examined carefully to ascertain the cause if that is possible. If the anemia is remediable by removal of a cause (hemorrhoids, intestinal parasites, etc.) or by treatment or by the salutary effects of camp life, he should be accepted for general military service. If the anemia is not remediable and is a cause of general debility, he should be rejected. Anemia.

The registrant who on examination is found to suffer from a general debility evidenced by lethargy and flabby muscles should be further examined for tuberculosis and other debility-producing conditions. If in the opinion of the Advisory Board the debility is due to a remediable condition but not to tuberculosis by treatment and camp life and he is otherwise physically and mentally fit he shall be accepted for general military service. Debility.

Registrants confined to their homes, hospitals, and institutions for the care of the sick who claim to suffer from totally incapacitating diseases should be investigated by the Advisory Board as consultants to the Local Boards.

XXII. NOTES ON MALINGERING.

Malingers may be divided into three general groups—

(1) Real malingerers with nothing the matter with them, who injure themselves, or make allegations respecting diseases or such conditions as drug taking, or who counterfeit disease with full consciousness and responsibility; all for the purpose of evading military service. Many of these have been coached. A small but important group.

(2) Psychoneurotics, who are natural complainers and try to get out of every disagreeable thing in life. Perhaps only partially conscious of the nature of the seriousness of what they do and only partly responsible. In many the motives are not persistent and many can be made into good soldiers.

(3) Confirmed psychoneurotics with long history of nervous breakdowns and illnesses who behave like class (2) but more persistently, and from whom not much can be expected in the way of reconstruction. The important question to decide concerning groups (2) and (3) is not one

of responsibility, but as to whether there is probability of the man being turned into a good soldier.

CAUSES AND MOTIVES OF MALINGERING.

These must be clearly understood in order that medical examiners may be on the alert for deception. The foreign born, and especially Jews, are more apt to malingering than the native born; eastern Europeans more than western Europeans. There are two main types, country and city. The country types are foolish and clumsy, often grotesque, come for examination provided with recently purchased apparatus, such as spectacles, crutches, trusses, etc., complain of pain in the back, kidney trouble, and, in fact, all the diseases which are the subjects of quack advertisements. The city types are familiar with the jargon of city clinics, and make their complaints less specific. All malingerers are generally timid, which makes them fearful of entering the Army. Mercenary motives can be traced in many, for men hate to give up good jobs. Farmers are disinclined to give up agriculture for military duty, and all persons whose lives have created no sense of nationalism wish service. But the largest number of malingerers are recruited from classes who take the same attitude about military service as they take with everything in life which requires orderliness, obedience, and industry, such as truants, vagrants, wife deserters, etc. Some are induced to malingering for the reason that they have friends or relatives in the armies of the central powers. Practically the only motive that comes to the attention of advisory boards is to evade service. Few drafted men malingering for the purpose of obtaining service.

GENERAL DETECTION.

The surest means of detecting malingering is a thorough understanding by the examiner of the types of people who actually do it—and the way they behave. It is only in the feigned diseases of the eye and ear that special tests are required. Observation in hospital is necessary in difficult cases. The vast bulk of malingerers are those who exaggerate some actual defect, and the problem for the medical examiner is to decide whether the defect complained of is sufficient cause for rejection for service. Persons of intelligence and education have more difficulty in deceiving, as they are bound to express themselves

freely. If they are reticent in these matters they arouse suspicion by their reticence. Those who talk freely may be counted on to say things at variance with the existence of the disease of which they complain.

Even if the suspicion of the examiner is aroused at the outset his attitude should be that of a physician rather than of a court officer. He should obtain information regarding the recruit's family relationships, his progress at school, his industrial career, truancy, reasons for choice of career, earning power, domestic relations. It is important to find out the man's views concerning his own health. Many boys now in the draft have been fed up on quack advertisements, have been coddled at home and led to believe that they were delicate, have been treated for months or years by unscrupulous physicians for diseases which they did not have and really have come to believe that they can not stand the strain of military service. Explanation in these matters is often sufficient for a recruit to abandon his claim of illness and to proceed to his duty with cheerfulness. In other cases brusque statements that the defect complained of is not, under any circumstances, a disqualification brings a prompt change of attitude. Suggestions of anaesthetics for diagnostic purposes, operations, etc., often cause candidate to abandon his claims. Throughout, the attention of the person under examination is to be distracted so that while he is being examined for one thing, he believes he is being examined for something else.

DISTURBANCES OF VISION AND HEARING.

(See Pars. VII and VIII.)

GENERAL MEDICAL.—Among the general medical conditions which must be considered under the heading of malingering are indefinite illnesses which clear up rapidly under hospital treatment. Sore throat, general pains, general disability, and the like fall naturally into this class. Cardiac conditions are frequently complained of, chiefly as shortness of breath, feelings of suffocation, palpitation, suffocating attacks, pain around the heart. Tuberculosis is claimed more frequently than other pulmonary conditions. Gastric troubles are frequently complained of and are usually fortified with a long history of "stomach trouble" usually backed up with

statements to prove how long and how unsuccessfully the patients have been treated for the complaint. Sometimes a history of gastric ulcer is given in detail. Abdominal conditions refer chiefly to pain associated with adhesions due to old operative conditions. Acute appendicitis has been feigned in a number of instances.

DETECTION AND MANAGEMENT.

The detection and management of medical cases depends upon the absence of positive findings in one who presents the general characteristics of the malingerer. There is especial need for the physical examination to be thorough in this group. Some of the cardiac cases at first regarded as malingerers were pronounced later by the cardiovascular board to have mitral stenosis, and similarly proper tests have shown the existence of gastric ulcer in cases which were under suspicion of fraud. The estimation of the reality of rheumatic pains is always a difficult matter. Proposal of operation has often proved a valuable aid in the clearing up of members of this group, many men after refusing it having gone meekly back to duty in apparently good health.

GENERAL SURGICAL.—Under this general heading are included various surgical conditions, old scars, and injuries of the bones, fractures, and orthopedic conditions. The following distribution of diagnoses, from a base hospital surgical service, is characteristic. Numbers of the patients are reported as remaining on the surgical service many days refusing operation, as is to be expected of the malingerer.

Gunshot wound, possibly inflicted with object of discharge from service, 4 cases.

Chopped fingers, possibly inflicted with object of discharge from service, 2 cases.

Amputated fingers (hand lain on railway track), with object of discharge from service, 1 case.

Medical (pain in stomach simulating ulcer), with object of discharge from service, 4 cases.

Medical (pain over gall bladder or indefinite), with object of discharge from service, 6 cases.

Rheumatism, multiple or single arthritis, with object of discharge from service, 20 cases.

Painful operation scars, with object of discharge from service, 3 cases.

Post-operative adhesions, with object of discharge from service, 10 cases.

Varicocele, with object of discharge from service, 20 cases.

Hernia, mostly inguinal, with object of discharge from service, 20 cases.

Hernia, post operative, with object of discharge from service, 4 cases.

Flat feet, with object of discharge from service, 60 cases.

Old fractures of legs, feet, and arms, with object of discharge from service, 15 cases.

Multiple small painless lipomata, with object of discharge from service, 1 case.

Backache, with object of discharge from service, 20 cases.

Infected foot (mild cases refusing operation), with object of discharge from service, 2 cases.

As indicated in the above table, flat feet are among the most frequent complaints of this class. These are extremely troublesome cases. Many men get discharged for this disability, and in the absence of pronounced abnormalities it is very difficult to determine that they are malingerers. It should be remembered that many men, such as guides and some races have flat feet and still can walk long distance without pain. Stiff joints are frequently complained of, usually as having taken their origin from a fracture or other injury sustained a long time previously. In the absence of palpable signs of joint injury and with negative X-ray findings the mobility of these joints can generally be demonstrated.

ARTIFICIALLY CREATED CONDITIONS.—Men shoot or cut off their fingers or toes, practically always on the right side, to get disqualified from service. Sometimes they put their hands under ears for this purpose. Many men have their teeth pulled out. Retention of urine is simulated. Egg albumen is injected into the bladder or put in urine. Glucose is added to urine. Digitalis, thyroid gland preparations, and strophanthus are taken to cause disturbance of the heart and cantharides to cause albuminuria. The skin is irritated by various irritating substances which are also injected under it to create abscesses. Various substances are taken to bring about purging. An appearance of haemoptosis may be produced by adding blood, either human or that of animals, to the sputa. Sometimes merely coloring matter is added. Those who can vomit voluntarily, what they swallow, use the same means to create the appearance of haematemesis. Similarly coloring matters can be added to the stools. Mechanical and chemical irritations are made use of to cause inflammation about practically all the body orifices. Jaundice is produced by taking picric acid, and crutches, spectacles, trusses, strappings, etc., are made use of to create the appearance of disability.

DETECTION.—Wounds are rarely self-inflicted when witnesses are present, consequently it is almost impossible to be certain of the motive behind these. The artificial jaundice is to be recognized by the demonstration of picric acid in the urine.

BED WETTING.—A frequent complaint among candidates for military service but not a cause for rejection.

NERVOUS AND MENTAL.

INSANITY.—Rarely feigned by recruits and then of extremely silly, foolish type. In cases of doubt, hospital observation is necessary and verified past records. Mental defects frequently feigned, especially by illiterates and the foreign tongued. These should be accepted. Organic diseases of the central nervous system can not be simulated.

PAIN AND HYPERAESTHESIA.—The most frequent of all complaints. History inconsistent, ordinary traces of suffering absent. Absence of other symptoms usually accompanying types of pain complained of. Absence of painful localized pains. Note behavior of patient when unobserved.

ANAESTHESIA.—Not a cause of rejection. Complaint of anaesthesia itself creates a suspicion of malingering, as most patients with anaesthesia are ignorant of it. Human pincushions do not always jump when taken off their guard.

EPILEPSY.—Men who have sustained head injury are very apt to claim fits. These complaints may be in reference to grand mal or petit mal. Petit mal attacks are spoken of as fainting attacks. In grand mal attacks there is loss of pupil response to light, knee jerks are lost and the Babinsky reflex may be present. Get verified histories.

HYSTERIA.—Not feigned in itself, but its existence creates confusion as to malingering. The question to be decided is whether the recruit is too seriously affected with the neurosis to be useful as a soldier. Often, even when the physical symptoms are most pronounced (paralysis), cure is still possible.

These registrants should be accepted for general military service.

The ordinary stigmata of hysteria should not of themselves be causes for rejection.

STIFF BACKS.—Stiff backs have been a frequent symptom of hysteria in the present mobilization among selected men. In cases of this kind organic disease of the vertebræ can and should be excluded, if necessary, by the X ray. In some cases moral suasion may suffice to demonstrate the stiff back is hysterical. Anesthesia can not be employed without consent of the registrant.

XXIII. DEGREE OF DEFICIENCY FOR DISQUALIFICATION.

Regulations for the Local Board. (Section 186, S. S. R.)

In these regulations the standards for unconditional rejection which places the registrant in the class physically deficient and not physically qualified for military service are clearly defined. When the Local Board is in any doubt, the registrant should be referred to the Medical Advisory Board. The attention of Local Boards and examining physicians is called to paragraph 3 of Section 123, page 64, after the side heading, *Where Held Disqualified*, which is as follows: Doubtful cases.

If the registrant is held to be physically disqualified by the examining physician, the Local Board shall, unless it decides by unanimous vote that the disqualification is so obvious as to leave no room for reasonable doubt, send the registrant before such Medical Advisory Board in the manner just provided.

This shows that there must be a unanimous vote of the Local Board to disqualify the registrant and the disqualification must be so obvious as to leave no room for reasonable doubt.

The object of this ruling has already been given. (C. S. S. R. No. 3, Jan. 28, 1918.)

Regulations for the Medical Advisory Board.

The duty of the Advisory Board is plainly indicated in the examination and report to the Local Board upon the registrants referred to in Section 186 in the regulations for Local Boards.

XXIV. TEMPORARY DEFECTS.

Regulations for the Local Board. (Section 187, S. S. R.)

Registrants confined to their homes, or hospitals, or who present themselves with some temporary defect the result of an acute disease, injury, or operation, or who Postponement of examination.

are waiting for operation, should be granted a reasonable delay for completing the physical examination.

Investigation. All of these cases should be thoroughly investigated by the physician on the Local Board.

Physical examination. Registrants with contagious, communicable, reportable diseases should *not* be ordered before the Local Board for examination until they are discharged by the boards of health.

Contagious diseases.
Diphtheria.

Registrants recovering from diphtheria should not be ordered to the cantonments until two negative cultures have been obtained from the throat. In localities where there is no provision for this bacteriological work, consult the Medical Advisory Board. (C. S. S. R. No. 3, Jan. 28, 1918.)

Regulations for the Medical Advisory Board.

Registrants referred to the Advisory Board who present themselves with some temporary defect, the result of a recent acute disease, injury, or operation, the Local Board should be advised to grant a reasonable time for recovery before the final examination by the Medical Advisory Board is made.

Throat cultures. When Local or Advisory Boards can not command the facilities at the hospital headquarters for making throat cultures of registrants recovering from an attack of diphtheria as directed in section 187 in the Regulations for Local Boards, the cultures from the throats of such registrants may be sent by mail to the Laboratories of the United States Public Health Service. When possible Municipal and State Health Laboratories should be utilized in the same way.

The Medical Advisory Board may employ section 187, S. S. R., Temporary Defects, when they desire, to grant the registrant a reasonable delay for completing the physical examination when it is difficult or impossible to come to a definite conclusion when the registrant first presents himself to the Medical Advisory Board. Instances of this kind are clearly defined in paragraphs III to XVIII in these regulations to the Medical Advisory Board.

Medical Advisory Boards in those districts in which the registrants must be sent to them from a distance, should suggest to their Local Boards to hold registrants under section 187, S. S. R., for a reasonable time and not to send them to the Medical Advisory Board until the examination can be completed within at most three days.

If possible, the examination should always be completed within one day.

XXV. SPECIAL AND LIMITED MILITARY SERVICE.

Regulations for the Local Board. (Section 188, S. S. R.)

In view of the importance of a thorough investigation and classification of registrants belonging to this group, Local Boards are required to refer all of such registrants to the Medical Advisory Board. Referred to
Medical Advis-
ory Boards.

The physician on the Local Board is urged to consult with the Medical Advisory Board about this group and familiarize himself with the specific regulations and information soon to be given to the Medical Advisory Board concerning special and limited military service. (C. S. S. R. No. 3, Jan. 28, 1918.)

XXVI. APPENDIX.

RULES OF PROCEDURE FOR MEDICAL ADVISORY BOARDS AND IMPORTANT SECTIONS OF SELECTIVE SERVICE REGULATIONS RELATING THERETO.

RULES OF PROCEDURE.

1. Read carefully the **SELECTIVE SERVICE REGULATIONS** (S. S. R.), particularly the following sections: 25, 29, 43 (d), 44, 46, 122 to 128½, 137, 141, 182 to 188, 197, 198, 200, 201, 203, 204, 208 and 215. For ready reference all of these sections are reprinted in this appendix with the exception of sections 44 and 128½ which are printed in the Preliminary Statement of this Manual, and except sections 182 to 188 inclusive, "Physical Examination," (as amended January 28, 1918, and issued by the Provost Marshal General as "Changes No. 3" in a separate pamphlet), all of which are reprinted, at the proper places, in this Manual.

2. Medical Advisory Boards shall consist of three or more physicians. The number of Medical Advisory Boards and the membership of existing boards may be increased as necessity may indicate. (See Section 29, S. S. R., printed below.) When a Medical Advisory Board believes that other boards should be created, or additional members added to existing boards, it should recommend the same to the Governor.

3. Each board should select one member as chairman, one as vice chairman, and one as secretary. Additional vice chairmen may be selected.

4. Request to the Governor for authority to employ clerical assistance and incur other expenses should be made only when absolutely necessary. Do not incur any expense until authorized by the Governor. See Preliminary Statement in this Manual and see also Sections 43 (d), 198, 204, and 208, S. S. R., printed below. Stationery will be supplied by The Adjutant General.

5. No communications concerning the business of Medical Advisory Boards should be addressed to any Department or official in Washington. Except for their communications with Local Boards Medical Advisory Boards must address all official communications of every character, whether reports, recommendations, or requests for instructions or for interpretations to the Adjutant General of the State, who will either respond thereto or transmit the same to the proper authority. See Preliminary Statement in this Manual and also Section 25, S. S. R., printed below.

6. Select a place as headquarters of the Board where sessions may be held and physical examinations conducted. Select preferably a hospital or similar institution, where proper and careful examinations can be made. It ought not to be necessary to pay rental for such headquarters; but in the event that no free quarters can be obtained, application must be made through the Adjutant General of the State to the Governor for authority to incur expense for rent. All physical examinations and every part thereof should be conducted at headquarters of the board, unless it should be necessary to resort to some other place for the use of apparatus which is not otherwise available. See Preliminary Statement in this Manual. Sessions of the board should be held at stated hours and as frequently as necessity demands—daily, if necessary.

7. A majority of the board will constitute a quorum, except in cases of boards consisting of ten or more members, in which cases five members shall constitute a quorum. The board shall decide all disputed questions by vote. The chairman need not vote except to break a tie.

8. It shall not be necessary for all or a majority of a board to be present at or participate in the examination of a registrant, but one or more members may be ap-

pointed as a subcommittee to make an examination and shall report to the board, who may pass on the report or may make or require a further examination.

9. If clerks are employed they are to be on duty at place of meeting daily, except Sundays and legal holidays, from 9 a. m. to 5 p. m., and shall keep all records and conduct all correspondence under the direction of the board.

10. Any member of the board can sign Form 1010, reporting the result of physical examination by the Medical Advisory Board, designating the signer as follows: "Chairman," "vice chairman," "secretary," or "member."

11. Form 1010 when completed by the Medical Advisory Board will be returned in triplicate to the Local Board by which issued. If registrant has been examined at the request of The Adjutant General, Form 1010 when completed by the Medical Advisory Board shall be returned in triplicate to The Adjutant General. (See section 137 printed below.)

12. No permanent record is required to be kept by Medical Advisory Boards except a minute book and a list of registrants whose examination is temporarily delayed on account of temporary defects, as provided in this Manual. The Medical Advisory Board shall keep a minute book, using the following or substantially equivalent form, which is not supplied but must be written or typewritten, and kept in the possession of the board until order from the Provost Marshal General.

Date of meeting.....	Convened	M.	Adjourned	M.
Present (members of board).			Arrived.	Left.

.....
.....
.....
.....
.....

BUSINESS TRANSACTED.

Number of cases referred by the local board
Number finally acted on
Number of cases referred by registrant or Appeal Agent
Number finally acted on
Number of cases referred by The Adjutant General.....
Number finally acted on
Number of cases transferred from Local Boards
Number finally acted on

IMPORTANT SECTIONS OF SELECTIVE SERVICE REGULATIONS RELATING TO LEGAL ADVISORY BOARDS.

The following are the important sections of the **SELECTIVE SERVICE REGULATIONS** relating to physical examinations, Medical Advisory Boards, and procedure of the latter and of Local Boards. Sections 44, 128½, and 182 to 188, inclusive, as amended January 28, 1918, are not reprinted at this place for the reason that they already appear at length in this manual.

Section 25. Correspondence rules of the Office of the Provost Marshal General.

Rule A. Except as specifically provided in these Regulations, all communications intended for the Provost Marshal General concerning the execution of the Selective Service Law within a State emanating from individuals within the State or from Local and District Boards or other officials engaged within any State in the execution of the Selective Service Law **must be directed to the Adjutant General of the State for reference to the Provost Marshal General.** Correspondence sent in violation of this rule to the Office of the Provost Marshal General will be returned to the writer.

* * * * *

Section 29. Governor to District State and Appoint Medical Advisory Boards.

Each State shall be carefully districted with due regard to communication and hospital facilities for the erection of a number of Medical Advisory Boards computed with a view to the equitable and practical distribution of the work of reexamination as provided herein and to the convenience of registrants and economy to the Government in sending registrants before such boards.

To assist the Governor in this work, a member of the Officers' Reserve Corps of the Medical Department will be ordered to active duty to report to the Governor for a sufficient time to accomplish this organization. The American Medical Association and the Medical Section of the Council of National Defense have also offered their services to Governors in accomplishing this purpose. Members of Medical Advisory Boards will be nominated by the Governor and appointed by the President in accordance with instructions to be hereafter communicated to the Governors.

Section 48. Clerical assistance for State Headquarters and for District, Local, and Medical Advisory Boards.

When authorized by the Governor, as prescribed in Sec. 198 hereof, there may be engaged and compensated at the rates of pay prescribed in this section clerical assistance as follows:

* * * * *

(d) For Medical Advisory Boards:

1. One Chief Clerk.
2. One additional clerk.

The rate of compensation for a chief clerk shall not exceed the rate paid for similar service under local law, in no case to exceed \$100 per month.

The rate of compensation for additional clerks shall not exceed the rate paid for similar service under local law, in no case to exceed, for not more than one additional clerk of any District, Local, or Medical Advisory Board, \$80 per month; for all other clerks in addition to the chief clerk and one additional clerk, \$60 per month.

Section 46. Duties of lawyers and physicians generally.

The selection and classification of men for military service is an undertaking that should be regarded as a systematized effort of the citizenry of the whole Nation organized and compacted to meet the present emergency. Every citizen has a duty to give his best endeavor to the success of this undertaking according to his qualifications and talents. All lawyers and physicians should regard it as their duty to identify themselves with the Advisory Boards provided for in sections 44 and 45, and freely and without compensation to give their best service to the Nation. It is inconsistent with this duty for lawyers to seek clients for the purpose of urging and advocating individual cases in any other way than as disinterested and impartial assistants of the Selective Service System.

Physicians will render a most valuable assistance by giving their services to Local Boards and to the Medical Advisory Boards provided in section 44 hereof.

Section 122. Physical examination.

Beginning on such date or dates as the Provost Marshal General shall hereafter fix for the beginning of the physical examination of all or any number or proportion of registrants, and after a registrant has been placed in Class I by a District Board (regardless of any appeal to the President in his case) or, if no appeal or claim is made before the District Board, then after the lapsing of

time for appeal from the placing of the registrant in Class I by the Local Board, the Local Board shall mail to the last known address of any registrant placed in Class I a notice (Form 1009) to appear for physical examination at a time and place to be designated in said notice (which time shall be five days from the date of the mailing of the notice), and shall enter the date of mailing of said notice in Column 19 of the Classification List.

Upon appearance of the registrant he shall be examined as provided in Part VIII hereof, and the date of his examination shall be entered in column 20 of the Classification List. The examining physician shall immediately enter his report and recommendation in triplicate on the report of physical examination (Form 1010), shall then and there inform the registrant of his conclusion as to whether the registrant is qualified or disqualified for general military service or qualified for limited military service in some specified capacity, and shall forthwith submit his report to the Local Board.

If the registrant is not satisfied with such conclusion, he shall then and there record, in the place provided on Form 1010, a request to be sent before a Medical Advisory Board. Failure to make this request on the day the registrant is examined and informed of the examining physician's conclusion shall foreclose the right of the registrant to appeal the finding of the Local Board on the physical qualification of the registrant.

The same procedure as to physical examination provided in these regulations for registrants in Class I shall also apply to all registrants who have been placed in a class more deferred than Class I, so soon as the immediately preceding or earlier class has been exhausted by calls into the military service and not before, except as provided in sections 128, 149, and 150.

NOTE.—Whether the examining physician of the Local Board is in doubt or not as to the physical qualification of a registrant for military service he shall nevertheless definitely report the registrant either as qualified or disqualified, and if he is in doubt as to such qualification or disqualification he may request to have the registrant sent before a Medical Advisory Board as prescribed in section 123.

Section 123. Sending doubtful cases to a Medical Advisory Board.

If the examining physician is in doubt as to whether the registrant is to be held for military service, or if the examining physician finds the registrant to be qualified for

military service and either the Government Appeal Agent, the registrant, or two members of the Local Board, are dissatisfied with such finding, such examining physician, Government Appeal Agent, members of the Local Board, or registrant may apply to the Local Board to have the registrant sent before the nearest Medical Advisory Board (provided in sections 29 and 44 hereof) for an exhaustive reexamination. Such application shall be made by entering it in the place provided in Form 1010. Thereupon the Local Board shall, unless it decides by unanimous vote that the case is one in which there is no room for reasonable doubt, immediately send the registrant before such Medical Advisory Board, forwarding to the Medical Advisory Board the examining physician's report (Form 1010) in triplicate and, where necessary, and when the registrant is not sent at his own request, furnishing the registrant with transportation and meal and lodging tickets for the time during which he will be before such Medical Advisory Board, in no case to exceed three days.

If the registrant is held to be physically disqualified by the examining physician, the Local Board shall, unless it decides by unanimous vote that the disqualification is so obvious as to leave no room for reasonable doubt, send the registrant before such Medical Advisory Board in the manner just provided.

Upon reference of a case from a Local Board as just provided, the Medical Advisory Board shall examine the registrant, record its findings in triplicate on Form 1010, and return all three copies of Form 1010 to the Local Board, with the conclusion and recommendation in the case.

Section 124. Finding by Local Board as to physical qualification.

Upon receipt of the report and recommendation of the Medical Advisory Board as provided in section 123, or, if the case has not been sent to the Medical Advisory Board, then upon the receipt of the report of the examining physician, the Local Board shall make its decision as to the physical qualification of the registrant. If the registrant is found physically disqualified for general military service, the Local Board shall cancel the cross mark (X) or cipher (0) which has already been entered in a classification column by drawing a red-ink line through such cross mark or cipher and shall enter the

classification of the registrant in Class V, column 12. If the registrant is found, in accordance with section 122 hereof, to be physically disqualified for general military service, but qualified to perform special and limited military service, his place in the classification column shall not be changed, but the Local Board shall, with red ink, inscribe a bold circle around the cross mark (X) or cipher (0) in such classification column. (See Sec. 188, Part VIII.)

While men found disqualified for general military service but qualified for special and limited military service are not placed in Class V, they are subject to induction into military service only when a special or specific call for men disqualified for general military service and qualified for special military service only is made.

If the finding of the Local Board is not in accord with the recommendation of the Medical Advisory Board, the Local Board shall make a special report to the District Board of its reason for rejecting the recommendation of the Medical Advisory Board.

The Local Board shall, on the day of its decision as to the physical qualification of any registrant, mail to such registrant a notice (Form 1011) of the result of such decision and shall enter the date of such mailing in column 21 of the Classification List (Form 1000).

Section 125. Appeal from finding of Local Board as to physical qualifications.

Within five days after the date of the notice prescribed in section 124 any registrant may make a claim of appeal to the District Board from the finding of the Local Board as to his physical qualification for military service. Claim of appeal shall be made by entering the claim in the place provided for that purpose on all three copies of the physical examination report (Form 1010). No registrant may make a claim of appeal unless, upon being notified of the examining physician's finding as to his physical qualification, as prescribed in section 122, and before final decision by the Local Board, such registrant shall have entered an application to be sent before a Medical Advisory Board, as provided in section 122. The Government Appeal Agent may make a claim of appeal on behalf of the United States at any time, but ordinarily he shall not do so when the decision of the Local Board follows the rec-

ommendation of the Medical Advisory Board. **He shall always do so when such is not the case.**

Immediately upon filing of an appeal from the decision of the Local Board as to physical qualification, the Local Board shall transmit to the District Board all three copies of the record of physical examination (Form 1010) in the case, together with any additional evidence as to physical qualification which may have been submitted to the Local Board, and shall enter the date of forwarding such record in column 22 of the Classification List and in the place provided on the Cover Sheet.

Section 126. Action by District Board upon appeal as to physical qualification.

In considering a case appealed on the ground of physical qualification, the District Board shall neither conduct any new physical examination nor shall it receive or consider any evidence which was not considered by the Local Board, but shall, upon consideration of the record sent to it as prescribed in section 125, either affirm, modify, or reverse the decision of the Local Board and promptly enter its finding on all three copies of Form 1010, and immediately return the same to the Local Board.

NOTE.—Attention of District Boards is invited to the fact that registrants appealing the result of their physical examination have already been twice examined, one of which examinations was the most thorough that could reasonably be provided in the community, and that before induction into military service they will again be exhaustively examined at a mobilization camp.

Section 127. Procedure of Local Board on return of physical examination record from District Board.

If the action of the District Board on appeal as to physical qualification changes or affects the classification of the registrant, the Local Board shall make the necessary changes in the Classification List. Whether the action of the District Board changes or affects the Classification by the Local Board or not, the Local Board shall mail to the registrant a notice (Form 1011) of the result of the decision by the District Board, and shall enter the date of mailing of such notice in column 23 of the Classification List.

Section 128. Physical examination of persons not in Class I.

Local Boards may, upon the application of registrants in Classes II, III, or IV, examine such registrants physically, pass upon their physical qualifications and, if they

are found to be permanently disqualified, to classify them in Class V. This is not a right of the registrant, but it is a privilege that may be accorded by the Local Board where the according of the privilege will not interfere with the prompt and orderly execution of the Selective Service Law.

Section 137. Delinquents reporting to Adjutant General of the State within five days after induction into military service.

If the delinquent reports to the Adjutant General of the State within five days **after** the date set for induction into military service, such Adjutant General shall order him to report to the nearest Medical Advisory Board or to any examining physician of a Local Board for physical examination, and shall defer reporting him to The Adjutant General of the Army until the result of such examination is known. The Medical Advisory Board or such examining physician shall forthwith examine him and report the result (Form 1010) to the Adjutant General of the State. If the delinquent is found qualified for military service, he shall be ordered by the Adjutant General (Form 1019) to report forthwith to his Local Board for military duty and immediate transportation to a mobilization camp. Where it is impracticable to order the delinquent to report to his own Local Board, he may be ordered to report to another Local Board, whereupon the Adjutant General shall notify the delinquent's Local Board of the order and the case shall thereafter be treated as prescribed in section 148.

No report is necessary to The Adjutant General of the Army in this case, but the Adjutant General of the State shall make a full report of all circumstances of the case in a letter addressed to the Commanding Officer of the mobilization camp, but sent to the delinquent's Local Board, together with the order of induction into military service (Form 1014), the order to report to such Local Board for military duty, and three copies of the report of the Medical Advisory Board or examining physician (Form 1010). The Local Board shall forthwith send the man to the mobilization camp in the usual manner, inclosing with Form 1029 the special report of the Adjutant General of the State, the order of induction into military service (Form 1014), the order to report to the Local Board for military duty (Form 1019), the report of the Medical Advisory Board in duplicate, and a copy of the delinquent's registration card in duplicate.

If the delinquent is found to be disqualified for military service, the Adjutant General of the State shall report the case to the Commanding Officer of the mobilization camp direct, by letter, inclosing copies of the order of induction into military service (Form 1014) and the report of the Medical Advisory Board or examining physician. Such Commanding Officer shall, in his discretion, forthwith order the delinquent discharged from military service or shall order him before a court-martial, as the interests of the service may require.

Section 141. Transfer of physical examination.

A registrant who is so far distant from his home when called to report to his Local Board for physical examination or when his physical examination is imminent as to make it a hardship for him to report may, at his own expense, request of his Local Board, by mail or telegram, permission to be examined by the Local Board to which he is nearest (naming it). Upon receipt of such a request the Local Board of origin shall mail to the registrant an order to report to such Local Board of transfer for physical examination (using Form 1022 but making the necessary correction thereon) and to the Local Board of transfer a request that he be so examined (using Form 1022A). Thereupon the Local Board of transfer shall physically examine the registrant, and thereafter the procedure in regard to the registrant whose physical examination has so been transferred shall be the same as if he were originally a registrant of the Local Board of transfer. After all such procedure is completed the Local Board of transfer shall return to the Local Board of origin all three copies of Form 1010, with a report of its finding and the report, if any, of the Medical Advisory Board, and the report, if any, of the finding of the District Board of the jurisdiction of transfer.

Section 197. Allowance of clerical assistance to be regarded as a maximum.

The allowances of clerical assistance and compensation thereof as prescribed in section 43 should be regarded as maximum limits, and every effort should be made by all concerned in the execution of the Selective Service Law to keep the expenses of the Government in the emergency down to the absolute minimum consistent with efficient service. Uncompensated and volunteer service should be

encouraged and accepted. The great task of segregating and classifying registrants may be made very much easier for members of Local and District Boards if clerical assistance is utilized to the fullest extent in preparing and segregating Questionnaires for the consideration of the Board. Much of this preliminary work can be done by volunteer clerical assistance in the evening and every encouragement should be extended to patriotic citizens, women as well as men, to assist in this work.

Section 198. Authority for civilian clerical assistants.

The form of authorization required to be made by the Governor of the State before a claim for salary of a civilian clerk for a Local or District or Medical Advisory Board, or for State Headquarters, may be paid will be found in section 306 but no printed forms will be furnished. The Governor shall not authorize any allowances or compensation in excess of the allowances and compensation fixed in section 43, nor in excess of that authorized by the law of the State, or that usually paid for similar services in the State. The number of the authorization should be entered in the place provided on every voucher on which a salary is paid.

This authorization will be made in triplicate. One copy will be sent to the Board or office, one copy will be sent to the Disbursing Officer and Agent for the State, and the original will be sent to the Provost Marshal General. The original only is required to be signed.

Section 200. Travel.

The Provost Marshal General and, when authorized by the Provost Marshal General, the Governors of the several States may direct any person to travel when such travel is necessary in the execution of the Selective Service Law. District Boards by resolution of the Board may direct members and employees of the Board to travel when such travel is necessary in the execution of the Selective Service Law.

Travel must, when such means of transportation is available or less expensive, be performed by common carrier.

When travel is performed in compliance with orders issued as authorized in this section, cost of transportation and Pullman accommodations over the shortest usually traveled route will be allowed and payment may be made of a per diem of \$4 in lieu of subsistence while

traveling, and while the person ordered to travel is required by duty to be absent on duty from the city in which such person resides.

When travel includes fractional parts of a day, the allowance for such fractional parts shall be \$1 for each six hours or major fractional part thereof.

Section 201. Travel orders.

All orders for travel must state that the travel is necessary in the public service and in the execution of the Selective Service Law.

The proper forms for travel orders will be found in sections 307 and 308, but no printed forms will be furnished.

Section 203. Certain officers and agents for whom no compensation is provided.

The service of members of Medical Advisory Boards, prescribed in section 29, of members of Legal Advisory Boards, prescribed in section 30, and of the Government Appeal Agents, prescribed in section 47, shall be uncompensated.

Section 204. Clerical assistance.

Clerical assistance for the division of the Office of the Adjutant General or other administrative department at State Headquarters and of District, Medical Advisory, and Local Boards shall be procured and compensated as prescribed in section 43 of these regulations.

Section 208. General Expenses.

The Provost Marshal General may authorize such lawful expenditures as he may deem necessary in the execution of the Selective Service Law.

Section 215. Travelling expenses.

Payment for traveling expenses will be made on War Department Form No. 350A, on which all blank spaces below the words "The United States, To" will be filled in down to the check notation. Each voucher shall be accompanied by a copy of the order of the Provost Marshal General or Governor, or of the resolution of the District Board directing the travel, which resolution shall contain a statement that the travel directed is necessary in the public service and in the execution of

the Selective Service Law; and a statement showing the following data:

Means of transportation.

Time of departure from permanent station.

Time of arrival at temporary station.

Time of departure from temporary station.

Time of arrival at permanent station.

If transportation other than common carrier as used, a certificate should be attached showing the fact that common carrier was not available or was more expensive, the distance traveled, and the fact that the amount claimed is that usually charged for similar services in the same locality.

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**EXAMINATION
ANCE TO ALL
ARMIES OF
ATES**

**ARMY, NATIONAL ARMY,
CORPS, RECRUITING
ARMY, AND OF LOCAL
Y BOARDS UNDER
EGULATIONS**

**THORITY VESTED IN HIM
ERVICE LAW (ACT
18, 1917)**

**THE
SHAL GENERAL**



**WASHINGTON
GOVERNMENT PRINTING OFFICE
1918**

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Means of transportation.

Time of departure from permanent station.

Time of arrival at temporary station.

Time of departure from temporary station.

Time of arrival at permanent station.

If transportation other than common carrier as used, a certificate should be attached showing the fact that common carrier was not available or was more expensive, the distance traveled, and the fact that the amount claimed is that usually charged for similar services in the same locality.

O

**STANDARDS OF PHYSICAL EXAMINATION
GOVERNING THE ENTRANCE TO ALL
BRANCHES OF THE ARMIES OF
THE UNITED STATES**

FOR THE USE OF

**MEDICAL OFFICERS OF THE REGULAR ARMY, NATIONAL ARMY,
NATIONAL GUARD, MEDICAL RESERVE CORPS, RECRUITING
OFFICERS OF THE UNITED STATES ARMY, AND OF LOCAL
BOARDS AND MEDICAL ADVISORY BOARDS UNDER
THE SELECTIVE SERVICE REGULATIONS**

**PRESCRIBED BY THE PRESIDENT UNDER THE AUTHORITY VESTED IN HIM
BY THE TERMS OF THE SELECTIVE SERVICE LAW (ACT
OF CONGRESS APPROVED MAY 18, 1917)**

**ISSUED THROUGH THE
OFFICE OF THE PROVOST MARSHAL GENERAL**

FORM 75



**WASHINGTON
GOVERNMENT PRINTING OFFICE
1918**

WAR DEPARTMENT,
Washington, June 5, 1918.

Under authority vested in him by the act of Congress of May 18, 1917, the President of the United States prescribes the Standards of Physical Examination governing the entrance to all branches of the Armies of the United States, prepared under direction of the Surgeon General of the Army, and directs that they be published for the government of all concerned with the administration of said law, and that they be strictly observed. The President also directs that they shall govern medical officers of the Regular Army, National Army, National Guard, Medical Reserve Corps, and recruiting officers of the United States Army in the matter of the physical examination of registrants, drafted men, and applicants for enlistment in the armies of the United States.

NEWTON D. BAKER,
Secretary of War.

(H)

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1. The first part of the report is a general introduction to the project. It describes the purpose of the study, the objectives, and the scope of the work. It also provides a brief overview of the methodology used in the study.

2. The second part of the report is a detailed description of the data collection process. It explains how the data was gathered, the sources of the data, and the methods used to ensure the accuracy and reliability of the data.

3. The third part of the report is a detailed description of the data analysis process. It explains how the data was processed, the statistical methods used, and the results of the analysis.

4. The fourth part of the report is a discussion of the results of the study. It compares the findings with the objectives of the study and discusses the implications of the results.

5. The fifth part of the report is a conclusion. It summarizes the main findings of the study and provides recommendations for future research.

6. The sixth part of the report is a list of references. It includes all the sources of information used in the study.

7. The seventh part of the report is an appendix. It contains additional information that is not included in the main body of the report, such as raw data, detailed calculations, and additional figures.

8. The eighth part of the report is a glossary. It defines the key terms and concepts used in the report.

9. The ninth part of the report is a list of figures. It includes all the figures used in the report, such as tables, charts, and graphs.

10. The tenth part of the report is a list of tables. It includes all the tables used in the report, such as data tables and summary tables.

STANDARDS OF PHYSICAL EXAMINATION GOVERNING THE ENTRANCE TO ALL BRANCHES OF THE ARMIES OF THE UNITED STATES.

FOR THE USE OF

MEDICAL OFFICERS OF THE REGULAR ARMY, NATIONAL ARMY, NATIONAL GUARD, MEDICAL RESERVE CORPS, RECRUITING OFFICERS OF THE UNITED STATES ARMY, AND OF LOCAL BOARDS AND MEDICAL ADVISORY BOARDS UNDER THE SELECTIVE SERVICE REGULATIONS.

I. PRELIMINARY STATEMENT AND RULES.

1. The purpose of the Standards of Physical Examination is to secure greater efficiency and uniformity in the examination of registrants and enlisted men. Medical examiners should consider the standards as a guide to their discretion; therefore they are not to be construed too strictly or arbitrarily. The object is to procure men who are physically fit, or who can be made so, for the rigors of field service, or for special and limited service, and the determination of these questions is left to the judgment and discretion of the examining boards, appointed under authority of the selective-service law, and to the military examining surgeons at mobilization camps and other army posts and stations.

2. As the physical standards established by these regulations apply to voluntary applicants for enlistment, as well as to registrants, under the selective-service act, the term "registrants," as used therein, may be considered as including applicants for enlistment where such interpretation is necessary to a proper application of the text.

3. Voluntary applicants for enlistment who do not come within the standards of acceptance for general military service as applied to registrants under the selective-service act will be rejected for all military service, unless the defects are waived by authority of The Adjutant General of the Army.

4. Local Boards have original jurisdiction, subject to review on appeal to District Boards, and may accept or reject registrants for military service as follows:

(a) Registrants who on examination are found to present conditions which fall within the proper standards shall be **unconditionally accepted** for general military service (Group A).

(b) Registrants who on examination are found to suffer from remediable defects which fall within the proper standards may be accepted for general military service in the deferred remediable group (Group B).

(c) Registrants who on examination are found to present defects which fall within the proper standards may be accepted for special and limited military service (Group C).

(d) Registrants who on examination are found to present defects which fall within the proper standards shall be unconditionally rejected for all military service (Group D).

(See sec. 128½, Selective Service Regulations, p. 60 herein.)

5. Local Boards need not make complete physical examination of every registrant. Upon discovery of a defect requiring unconditional rejection the physician of the Local Board need proceed no further; but in all other cases there must be a complete examination as prescribed in section 182, Selective Service Regulations (p. 65 herein).

6. Medical Advisory Boards have no power to determine finally whether a registrant shall be accepted or rejected for military service. This power is placed by the Selective Service Regulations in the Local and District Exemption Boards. The functions of the Medical Advisory Boards are, as the name imports, to examine registrants referred to them by the Exemption Boards and State Adjutants General, and to return the result of their examinations, inserted at the proper places in Form 1010 P.M.G.O., "Report of Physical Examination" (sec. 282, Selective Service Regulations, p. 155). The Medical Advisory Boards are not required to make a complete examination of every registrant. At any point in the course of the examination when it is found that the registrant is physically or mentally unfit within the standards of unconditional rejection, the examination need proceed no further. After a Medical Advisory Board has completed the examination of the registrant, the chairman, or a designated member of the Advisory Board, shall certify the result in the proper space on Form 1010, and return the result in triplicate to the Local Board through the mail or by messenger other than the registrant.

7. Medical Advisory Boards were created for the purpose of re-examination of registrants who request to be reexamined by a Medical Advisory Board, or concerning whose physical condition the physicians of the Local Boards are in doubt. Local Boards should feel free to ask the advice of the Medical Advisory Boards concerning the mental and physical fitness of registrants. There should be cordial cooperation between the Local Boards and the Medical Advisory Boards. Cooperation may be made profitable and practical through actual consultation and conference between the Local Boards and Medical Advisory Boards when this is possible. In many districts the members of the Medical Advisory Boards have the opportunity to be in close touch with the Local Boards. In some large advisory districts the opportunity for frequent consultation and conference may infrequent and difficult. Through the medical aide to the gov-

error ways and means for cooperation may be found. The standard of efficiency of the Medical Advisory Boards should result in the rejection of all registrants referred to the Advisory Board for examination who are physically and mentally defective within the standards of unconditional rejection. This is very important as a measure of economy and justice to the Government, the Army, and the registrant.

8. Local Boards and Medical Advisory Boards should be especially careful in the selection of registrants who suffer from defects of vision, defects of hearing, and with chronic discharge from the ear or ears; toxic conditions associated with abnormal conditions of the thyroid gland; valvular disease of the heart; tuberculosis; epilepsy, mental disease or deficiency and irremediable defects of the feet. In other words, to make a good soldier the registrant must be able to see well, have comparatively good hearing, his heart must be able to stand the stress of physical exertion, he must be intelligent enough to understand and execute military maneuvers, obey commands, and protect himself, and must be able to transport himself by walking as the exigencies of military life may demand.

9. District Boards have appellate jurisdiction over all decisions of Local Boards, including the findings of Local Boards as to physical qualifications; but in considering appeals as to physical qualifications the District Board may not conduct any new physical examination or receive or consider any evidence which was not considered by the Local Board. (See sec. 126, Selective Service Regulations, p. 59 herein.)

10. The Army medical officer detailed as medical aide to the governor should be the instrument of communication between the governor or his adjutant on the one hand and the Local and Medical Advisory Boards on the other hand in all matters concerning questions relating to physical examinations. He should inspect the work, records, and methods of Local Boards and Medical Advisory Boards from time to time as he may be directed by the governor and give them all necessary instructions and assistance.

11. Local Boards may not induct registrants accepted for general military service who are in the deferred remediable group (Group B) or for special or limited military service (Group C), until a special call has been made by the Provost Marshal General's Office for these groups of registrants.

12. The final decision as to the acceptance or rejection of inducted men under these regulations rests with the military authorities at the mobilization camps or other military stations to which the registrants are sent upon induction into the military service.

13. Instructions for the special guidance of Local and Medical Advisory Boards are printed in heavy type at the end of each chap-

ter and all specific directions to Local Boards and to Medical Advisory Boards are printed in heavy type in the text.

14. In the appendix will be found general information and the important sections of the Selective Service Regulations relating to physical examinations and governing medical aids and Local, District, and Medical Advisory Boards, which will be found valuable in connection with the Standards of Physical Examination.

II. ORDER AND METHOD OF EXAMINATION.

15. The physical examination should take place in a large, well-lighted room. A quiet communicating room should be used for the examination of the heart and lungs. The temperature of the room should be regulated in cold weather to prevent the registrant from becoming chilled. The registrant should be questioned about his past and his present physical condition. His mental characteristics and speech should be observed. Malingerer should be borne in mind at all stages of the examination.

16. No anesthetic may be given to a registrant without his voluntary consent for the purposes of examination or to aid in the diagnosis of defects.

17. The following order of procedure in examining a registrant should be pursued, as a rule:

- (a) Make tests of the vision. (See III, p. 5.)
- (b) Make tests of the hearing. (See IV, p. 10.)
- (c) Examine the scalp, face, mouth, teeth, fauces, and nose. (See V-VI, pp. 13 and 15.)
- (d) At this stage of the examination have the registrant take off all of his clothing.
- (e) Make a thorough general inspection of the skin of the entire body. (See VII, p. 16.)
- (f) Observe the conformation of the back, the chest, the abdomen, the neck, buttocks, and the upper and lower extremities. (See XI, XIII, XVI, pp. 25, 29, and 30.)
- (g) Carefully observe the abdomen for the bulgings of hernia. (See XIII, p. 25.)
- (h) Palpate the testicles.
- (i) Inspect the genitals and anus while the registrant is stooping forward with the lower extremities separated. The registrant should separate the buttocks with his hands to enable the inspection of the anus to be made. (See XV, p. 29.)
- (j) Have the registrant vigorously exercise all of the joints of the upper and lower extremities, and also move the head in all directions to test the mobility of the joints. (See X, pp. 20, 23, 28.)

(k) Have the registrant bend the body forward, backward, side-wise, and rotate the trunk upon the pelvis, to test the mobility of the spine. (See VIII, IX, pp. 17, 18, 19.)

(l) Especial attention should then be paid to the feet. (See XI, pp. 20, 23.)

(m) Take the weight, the height, and the chest measurements. (See XII, p. 24.)

(n) Have the registrant put on his underdrawers, trousers, stockings, and shoes, then proceed to examine the chest. (See XVII, XVIII, pp. 35, 44.)

III. EYES.

18. *Vision*.—To determine the acuity of vision, place the person under examination with his back to a window at a distance of 20 feet from the test types. **Examine each eye separately, without glasses,** covering the other eye with a card (not with the hand). The applicant is directed to read the test types from the top of the chart down as far as he can see and his acuity of vision recorded for each eye, with the distance of 20 feet as the numerator of a fraction and the size of the type of the lowest line he can read correctly as the denominator. If he reads the 20-foot type correctly, his vision is normal and recorded 20/20; if he does not read below the 30-foot type, the vision is imperfect and recorded 20/30; if he reads the 15-foot type, the vision is unusually acute and recorded 20/15, etc.

19. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal vision.

(b) Minimum vision of 20/100 in one eye and 20/40 in other eye without glasses; or 20/100 in each eye without glasses, if correctable with glasses to 20/40 in either eye.

(c) Conditions due to iridectomy or other operation upon the eye if the condition for which the operation was performed has been relieved, and the vision is within or above the minimum standard requirements.

(d) Slight nystagmus.

(e) Slight conjunctivitis.

(f) Chronic simple conjunctivitis occurring in regions where trachoma is not prevalent, and if easily remediable.

(g) Slight adhesion of the lids to the eyeball.

(h) Small pterygium.

(i) Slight injection of lids.

(j) Ptosis which does not interfere with vision.

(k) Strabismus which does not interfere with vision.

(i) Color blindness. (Color blindness should be indicated on Form 1010.)

20. Registrants who on examination are found to present the following remediable defects who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group.

(a) Chronic conjunctivitis occurring in districts where trachoma is prevalent.

(b) Inversion of eyelids.

(c) Eversion (marked) of eyelids.

(d) Ptosis interfering with vision.

(e) Trichiasis.

(f) Epiphora.

(g) Chronic blepharitis.

(h) Extensive pterygium.

(i) Chronic dacryocystitis.

(j) Blepharospasm.

(k) Superficial corneal ulcer.

(l) Acute inflammatory diseases of the eyeball.

21. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit may be accepted for special and limited military service:

(a) A minimum vision of 20/200 in one eye and 20/40 in other (either right or left) without glasses, or 20/200 in each eye without glasses if correctable with glasses to 20/40 in either eye.

(b) Blindness in one eye with normal vision in other eye without glasses.

22. Registrants who on examination are found with the following defects shall be **unconditionally rejected** for all military service:

(a) Total blindness.

(b) Vision less than the minimum requirements for special and limited military service.

(c) Disfiguring cicatrices of eyes.

(d) Lagophthalmus.

(e) Pronounced exophthalmus.

(f) Chronic keratitis.

(g) Chronic recurrent inflammatory diseases of the globe.

(h) Deep ulcer of cornea.

(i) Any organic disease of the retina, choroid, or optic nerve.

(j) Detachment of the retina.

(k) Marked nystagmus.

(l) Loss or disorganization of either eye with less than normal vision in remaining eye.

(m) Glaucoma.

- (n) Diplopia due to paralysis of the extrinsic ocular muscle.
- (o) Abnormal conditions of eyes due to diseases of the brain.
- (p) Malignant tumors of lids or eyeballs.
- (q) Trachoma.

23. When the physicians of the Local Boards are not supplied with test glasses and there is no opportunity for the Local Boards to secure an examination of the registrants' eyes with test glasses, they should be referred to the Medical Advisory Boards.

24. Local Boards should encourage oculists and aurists to serve as voluntary assistants in the examination of the eyes and ears of registrants.

25. Local Boards shall refer all suspected cases of trachoma to the Medical Advisory Board.

VISUAL TESTS FOR THE DETECTION OF MALINGERERS.

26. Malingerers may feign inability to open their eyes, total loss of vision in one or both eyes, or impaired vision in one or both eyes. Occasionally an inflammation in the eyes will be produced by putting sand or other irritating substance under the lids.

27. Malingerers who wish to evade military service by feigning impairment of vision may be divided into two classes as follows:

- (a) Those who claim total loss of vision in one eye.
- (b) Those who claim partial loss of vision in one or both eyes.

Either group may have a normal acuity of vision or may exaggerate a defect actually present.

28. In testing for malingering the medical examiner should bear in mind that detection is more likely to result when the man is allowed to believe that his case is regarded from the first as genuine and that his story is not discredited. There is something indefinable in the bearing of the malingerer which experience alone can detect. He may be self-assertive and overconfident; he may be hesitating or evasive. Careful observation should be made of his conduct and every movement noted. The nature of the man's answer should be taken into account and considered in the light of the kind of reply that is given when a genuine refraction case is being dealt with.

29. The following equipment is necessary:

Trial frame; blank; spherical lenses, +16, +3, +0.25, -3, -2, -1, -0.25.

Two prisms, one 6° and one 10°.

Ophthalmoscope (electric battery in handle).

Condensing lens.

Loupe.

Red and green letters on glass; (a) letters varying in size; (b) spectacle frame containing red and green glasses.

Special test cards, one a duplicate, with letters reversed to use with a mirror.

Special illiterate test cards.

Mirror, large enough to reflect test cards.

One stereoscope with special card.

Retinoscope (electric, with battery in handle).

Ruler, about $1\frac{1}{2}$ inches wide.

METHODS OF EXAMINATION.

CLASS A. TOTAL LOSS OF VISION IN ONE EYE.

30. (a) A 6° prism base downward is placed before the admittedly sound eye, while the man looks at a distant light or candle. If he sees two candles, binocular vision is proved. The examiner may vary the test by placing the prism before the "blind" eye, either base up or base down.

(b) A prism of 10° , with base outward, is placed before the "blind" eye. If there is any sight in this eye, double vision will be produced and the eye will be seen to move inward to correct it and fuse the two images.

(c) The alleged "blind" eye is covered: A prism of 10° , with the apex up, is placed before the "seeing" eye in such a position that its edge lies horizontally across the center of the pupil. This produces monocular diplopia. The prism is then moved upward so as to be completely in front of the good eye and at the same time the "blind" eye uncovered. If diplopia is produced or admitted there is sight in the "blind" eye.

(d) Test with colored glasses and letters: This consists in directing the individual to read a row of red and green letters through a red and green glass. The red letters will be invisible to the eye that has the green glass, and vice versa, but if all the letters are correctly read irrespective of their color there must be sight in the "blind" eye. The proper illumination back of the chart must be observed.

(e) Test with trial glasses: A high-plus glass is placed before the good eye and a low plus or minus before the "blind" eye. If the distant type is read the vision in the "blind" eye is good.

(f) The stereoscopic test: This may be made with ordinary stereoscope, the printed matter so arranged that certain portions of it are not present before one of the eyes.

(g) The bar test: Interpose a ruler about $1\frac{1}{2}$ inches wide vertically midway between the two eyes at about 4 to 5 inches distance; direct the man to read from a printed page with lines at least 4 inches long. If able to read the lines, binocular vision exists.

(h) The action of the pupil must be carefully tested, there usually being no movement to light stimulation when the eye is blind. If

the examiner is not satisfied, the following examination should be made:

Oblique examination: A careful examination of the cornea should be made with the aid of a condensing lens and a loupe.

Ophthalmoscopic examination: A searching examination with the ophthalmoscope should be made, together with an estimation of the refractive error. The pupil should be dilated if necessary.

CLASS B.—PARTIAL LOSS OF VISION IN ONE OR BOTH EYES.

31. The most common manifestation of malingering takes the form of a statement that one eye is imperfect. Men pleading this disability may be divided into two classes: (1) Those who pretend to have a visual defect; (2) those who are aware they have a visual defect and exaggerate its effect.

No hard-and-fast tests can be prescribed for the detection of these cases. Much depends on the alertness and ingenuity of the medical examiner.

The tests with prisms are not applicable here, for there is not pretended blindness in one eye, but simply an alleged diminution of visual acuity.

(a) If a room 30 or 40 feet long can be obtained for testing vision, place the registrant suspected of malingering at 30 to 35 feet from the test chart. Direct him to read the letters and note the result. He should then be brought up to 20 feet from the card and retested. If he reads the same line he is malingering.

(b) Mirror tests with special test cards.

Test cards are used which are identical, one having letters reversed. The registrant is directed to read the letters on the chart across the room, and then in a mirror beside it, which reflects reverse letters that are placed over his head. The letters seen in the mirror are located double the distance of the direct letters from the man being examined. The malingerer is apt to read in the mirror the line which he read on the first card, showing that his vision is twice as good as he pretends.

In order to obviate the use of test letters in the mirror test, various common objects approximating the size of the 20/40 and 20/30 letters may be used by asking a registrant to differentiate between a dime and penny, a cigarette and pencil, a pen and pencil, the number of spots on playing cards, or between the different aces, held on either side of his head and reflected in the mirror at 20 feet distance.

Trial frame test: Place a trial frame upon the man's face and put before the sound eye a high convex lens (+16D), and before the "blind" eye a plane or weak lens (0.25) which will not interfere

with vision. If letters placed at distance of 20 feet are read, the fraud is at once exposed.

(c) Oblique examination with condensing lens and loupe to determine corneal or lenticular opacities.

(d) Ophthalmoscopic examination: It is probable that the malingerer will resist the ophthalmoscopic examination by frequent winking or rolling of the eyes. In this event it is best to caution the man that a report of his vision must be made, and then to postpone further examination until after the next few registrants have been examined.

(e) Estimate the refractive error with the use of the ophthalmoscope. If no error of marked degree exists and the media and fundi are normal, the relation between the alleged vision and the refractive condition furnishes an important clue. If the error is about +4 or -2, the visual acuity could be about 20/100, but when the defect can not be accounted for objectively and the vision is brought from 20/100 to 20/50 or 20/30 by means of a low plus or minus glass, the man is malingering.

(f) Retinoscopy: Look for corneal and lenticular opacities and estimate refractive errors.

OCCUPATION.

32. The man's occupation in civil life may have been such that it could not have been followed without more vision than he claims.

In the absence of ocular defects, continuous and persistent blepharospasm, the use of colored glasses, eye shades, or eye bandages should be regarded with suspicion.

DIPLOPIA.

33. Cases of malingering are occasionally met with in which the men complain that they see double. These must be investigated with the application of the ordinary tests as if they were genuine, with every precaution taken to guard against a serious nervous lesion being overlooked.

IV. EARS.

34. *Hearing*.—Place the registrant facing away from the assistant, who is 20 feet distant, and direct him to repeat promptly the words spoken by the assistant. If the registrant can not hear the words at 20 feet, the assistant should approach foot by foot, using the same voice, until the words are repeated correctly. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus; the examiner should face in the same direction as the registrant and close one of his own ears in the same way as a control. The assistant should speak in a low conversational voice

(not a whisper), just plainly audible to the examiner, and should use numerals, names of places, or other words or sentences until the condition of the applicant's hearing is evident. The acuity of hearing should be expressed in a fraction, the numerator of which is the distance in feet at which the words are heard by the registrant and the denominator the distance in feet at which the words are heard by the normal ear; thus, 20/20 indicates normal hearing. 10/20 partial hearing of a degree indicated by the fraction. If any doubt as to the correctness of the answer is given, the registrant should be blindfolded and a watch should be used, care being taken that the individual does not know the distance from the ear at which it is being held. The watch used should be one whose ticking strength has been tested by trial on a normal ear.

35. Registrants who on examination present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service.

- (a) Normal hearing.
- (b) Hearing in each ear of 10/20 or better.

36. Registrants who on examination present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

- (a) Deafness in one ear with normal hearing in the other ear.
- (b) Hearing in one or both ears less than 10/20 but more than 5/20.
- (c) Perforation of membrana tympani without discharge, definitely determined by otoscopy.
- (d) Loss of one or both external ears, if the registrants have followed a useful vocation in civil life and the deformity is not too greatly disfiguring.

37. Registrants who on examination present the following defects shall be **unconditionally rejected** for all military service:

- (a) Hearing in one or both ears of less than the minimum hearing required for special and limited military service. (See 21 (b).)
- (b) Chronic purulent otitis media, with or without mastoiditis.

38. The Local Boards shall refer to the Medical Advisory Boards all registrants who are found giving a history of chronic discharge, or have a chronic discharge of the middle ear or ears. All registrants whose hearing is in doubt should be referred to the Medical Advisory Boards.

TESTS FOR MALINGERING IN HEARING.

39. Individuals who are malingerers in regard to hearing usually claim magnifications of slight imperfections on one side with a complaint of past trouble. Exaggeration of defects in hearing extends usually to declarations of total deafness on one side.

with vision. If letters placed at distance of 20 feet are read, the fraud is at once exposed.

(c) Oblique examination with condensing lens and loupe to determine corneal or lenticular opacities.

(d) Ophthalmoscopic examination: It is probable that the malingerer will resist the ophthalmoscopic examination by frequent winking or rolling of the eyes. In this event it is best to caution the man that a report of his vision must be made, and then to postpone further examination until after the next few registrants have been examined.

(e) Estimate the refractive error with the use of the ophthalmoscope. If no error of marked degree exists and the media and fundi are normal, the relation between the alleged vision and the refractive condition furnishes an important clue. If the error is about $+4$ or -2 , the visual acuity could be about 20/100, but when the defect can not be accounted for objectively and the vision is brought from 20/100 to 20/50 or 20/30 by means of a low plus or minus glass, the man is malingering.

(f) Retinoscopy: Look for corneal and lenticular opacities and estimate refractive errors.

OCCUPATION.

32. The man's occupation in civil life may have been such that it could not have been followed without more vision than he claims.

In the absence of ocular defects, continuous and persistent blepharospasm, the use of colored glasses, eye shades, or eye bandages should be regarded with suspicion.

DIPLOPIA.

33. Cases of malingering are occasionally met with in which the men complain that they see double. These must be investigated with the application of the ordinary tests as if they were genuine, with every precaution taken to guard against a serious nervous lesion being overlooked.

IV. EARS.

34. *Hearing.*—Place the registrant facing away from the assistant, who is 20 feet distant, and direct him to repeat promptly the words spoken by the assistant. If the registrant can not hear the words at 20 feet, the assistant should approach foot by foot, using the same voice, until the words are repeated correctly. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus; the examiner should face in the same direction as the registrant and close one of his own ears in the same way as a control. The assistant should speak in a low conversational voice

(i) The Chiman-Moos test is made with the C2 tuning fork. The vibrating tuning fork is held at equal distances from each ear. The suspect may claim that he hears it better in the normal ear. The vibrating tuning fork is then placed on the vertex of the skull. The suspect hearing it equally well in both ears will at first hesitate and then state he hears it better in the normal ear. In diseases of the conducting apparatus he should hear it better in the diseased ear. If, now the external meatus of the normal ear is tightly closed and the vibrating tuning fork is placed upon the vertex of the skull, the individual with the diseased ear will state he hears it better in the normal closed ear; or, it may be impossible for him to decide in which ear he perceives the tone better. The suspect, with the normal ear tightly obstructed, will state that he does not perceive the sound of the fork when thus placed on the vertex of skull.

V. MOUTH, NOSE, FAUCES, PHARYNX, LARYNX, TRACHEA, AND ESOPHAGUS.

41. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal conditions of the mouth, nose, fauces, pharynx, larynx, trachea, and esophagus.

(b) Enlarged tonsils.

(c) Adenoids.

(d) Small benign tumors of the nasal and buccal mucous membrane.

(e) Deviation of the nasal septum which does not seriously interfere with nasal breathing.

(f) Acute primary sinusitis provided the acceptance of the registrant is temporarily deferred for reexamination, if after a reasonable time the sinusitis has disappeared.

(g) Laryngitis manifested by hoarseness, laryngeal cough, and congestion of the vocal chords, confirmed by laryngoscopy.

(h) Paralysis of the vocal chords, if it appears to be temporary in character.

(i) Aphonia without objective findings by laryngoscopy or other measures, and which in the opinion of the examiners is due to functional nervous conditions.

(j) Alleged stricture of the esophagus which is unattended by evidence of organic disease of the esophagus as shown by the passage of a stomach tube or an esophageal bougie, or by a fluoroscopic examination while the registrant is swallowing a bismuth mixture.

42. Registrants who on examination present the following remediable defects, who are otherwise mentally and physically fit, may

be conditionally accepted for general military service in the deferred remediable group:

(a) Deviation of the nasal septum which seriously interferes with nasal breathing.

43. Registrants who on examination present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

(a) Paralysis of the vocal chords, and which does not appear temporary in character, if it permits the registrants to follow a useful vocation in civil life.

(b) Aphonia, with attendant conditions, which disqualify for general military service, if they have followed a useful vocation in civil life.

(c) Partial ankylosis of the lower jaw.

(d) Perforation of the hard palate.

(e) Moderate deformity of the structures of the mouth which does not seriously interfere with mastication or speech.

44. Registrants who on examination present the following defects shall be unconditionally rejected for all military service:

(a) Irremediable deformities of the mouth, throat, and nose which interfere with the mastication of ordinary food, with speech, or with breathing.

(b) Tuberculosis of the structures of the mouth, larynx, fauces, nose, or esophagus.

(c) Cancer of the structures of the mouth, nose, throat, larynx, or esophagus.

(d) Destructive syphilitic diseases of the mouth, nose, throat, larynx, or esophagus.

(e) Laryngeal paralysis, due to pressure from aneurysm or tumor.

(f) Permanent tracheostomy.

(g) Stricture of the esophagus.

(h) Permanent gastrostomy.

(i) Chronic sinusitis of the accessory sinuses of the nose. (The diagnosis should be established upon chronic nasal discharge, presence of large nasal polypi, and other signs and symptoms reinforced by transillumination or X-ray plate, or both.)

45. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects of the mouth, nose, fauces, pharynx, larynx, and esophagus, they should be referred to the Medical Advisory Boards.

46. Local Boards and Medical Advisory Boards should make use of laryngoscopy, transillumination of the head, and X-ray plates, when available to determine more definitely the physical fitness of registrants who have defects involving the upper air passages, head, or esophagus.

VI. DENTAL REQUIREMENTS.

47. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal teeth.

(b) A minimum of three serviceable natural masticating teeth above and three below opposing and three serviceable, natural incisors above and three below opposing. (Therefore, the minimum requirements consist of a total of six masticating teeth and of six incisor teeth. All of these teeth must be so opposed as to serve the purpose of incision and mastication.)

48. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(a) Dental defects which are greater than the minimum dental requirements for general military service.

DEFINITIONS.

49. (a) The term "masticating teeth" includes molar and bicuspid teeth, and the term "incisors" includes incisor and cuspid teeth.

(b) A natural tooth which is carious (one with a cavity) which can be restored by filling is to be considered as a natural serviceable tooth.

(c) Teeth which have been (see (b)) restored by crowns or dummies attached to fixed bridge work, if well placed, shall be considered as serviceable natural teeth, when the history and the appearance of these teeth is such as to clearly warrant such assumption.

(d) A tooth is not to be considered a serviceable, natural tooth when it is involved with excessively deep pyorrhea pockets or when its root end is involved with a known infection that has or has not an evacuating sinus discharging through the mucous membrane or skin.

50. Physicians and dentists of Local Boards and Medical Advisory Boards are urged to advise and to aid registrants with remediable carious teeth and infected dental roots and other dental defects, to have them remedied pending orders.

51. Instruct them that all hopelessly diseased teeth should be extracted. Chronic focal infections involving the teeth and jaws should be eradicated and all tooth cavities should be filled. This preliminary remediable dental work will greatly assist the dentists of the cantonments in completing the routine necessary dental work. The correction of the focal infection about the mouth will protect the registrants from possible systemic complications which are liable to occur under the strain of military training.

52. When the physicians of the Local Boards are in doubt concerning dental defects of registrants, they should refer them to the Medical Advisory Boards.

VII. SKIN.

53. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

- (a) Normal skin.
- (b) Acute diseases of the skin which ordinarily run a temporary course.

(c) Diseases which are trivial in character and which do not interfere with the general health and are not incapacitating. Among these common and usually trivial diseases may be enumerated:

Acne.

Anomalies of pigmentation.

Scars not extensive, disfiguring, or incapacitating in character.

Condylomata which are not extensive.

Diseases of the skin caused by pus infection.

Acute eczemas.

Naevi which are not greatly disfiguring.

All forms of pediculosis.

All forms of ringworm.

Scabies.

Mild and not extensive psoriasis.

Warts.

—The secondary syphilitic lesions of the skin.

Registrants who are accepted for general military service with temporary remediable defects in the form of parasitic and other communicable diseases of the skin should have this fact noted on Form 1010.

54. Registrants who on examination are found to present the following remediable defects, if otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group:

- (a) Large ulcers or other defects of the skin which when cured will fit the registrants for general military service.

55. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

- (a) Defects due to diseases of the skin, either acute or chronic, which disqualify for general military service, if they have successfully followed a useful vocation in civil life.

56. Registrants who on examination present the following defects of the skin shall be unconditionally rejected for all military service:

(a) Long existing skin diseases or long existing ulcers of the skin which are so severe, or so disfiguring as to incapacitate the registrant for the duties of a soldier, or so disfiguring as to render the registrant objectionable in common social intercourse.

(b) Actinomycosis.

(c) Dermatitis herpetiformis of long duration.

(d) Epidermolysis bullosa.

(e) Forms of universal dermatitis of long duration.

(f) Glanders.

—(g) Idiopathic multiple hemorrhagic sarcoma.

(h) Mycosis fungoides.

(i) Pemphigus chronicus of long duration.

—(j) Pemphigus foliaceus.

—(k) Pemphigus vegetans.

• —(l) Cancer, including pigmented moles undergoing degeneration.

(m) Lupus.

(n) Syphilitic lesions ulcerative in character showing much destruction of tissue which if healed would be unsightly or so scarring as to incapacitate the registrants for military service.

57. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects due to diseases of the skin, they should refer them to the Medical Advisory Boards.

VIII. HEAD.

58. Registrants who on examination are found to present the following conditions, if otherwise mentally physically fit, shall be unconditionally accepted for general military service:

(a) Normal skull.

(b) Moderate deformities of the bones of the skull of the character of depressions, exostoses, etc., and unassociated with evidence of disease of the brain, spinal cord, or peripheral nerves, and which do not prevent the registrant from wearing military headgear.

(c) Defects which are apparently temporary in character due to recent injuries. (This includes contusions and other wounds of the scalp and concussion: Registrants with these defects should have the final examination temporarily deferred.)

59. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

(a) Decompression operation of the skull unassociated with marked bulging at the site of operation.

60. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

(a) Deformities of the skull of the nature of depressions, exostoses, etc., of a degree which will prevent the registrants from wearing military headgear.

(b) Deformities of the skull of any degree associated with evidences of disease of the brain, spinal cord, or peripheral nerves.

IX. SPINE.

61. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal spine.

(b) Lateral curvature of the spine of 2 inches or less from the normal mid line, if the mobility and weight-bearing power are good.

(d) Temporary defects in the form of recent contusions or sprains of the spinal column.

(e) Pilo-nidal sinus (this usually presents itself in the region between the coccyx and anus) if unattended with disease of the bone as shown by an X ray plate.

(c) Fracture of the coccyx.

62. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(a) Lateral deviation of the spine from the normal mid line of more than 2 inches and less than 3 inches.

(b) Nontuberculous diseases of the spine which are unassociated with such rigidity that the registrant has been incapacitated from following a useful vocation in civil life.

(c) Fracture of the spine or pelvic bones which have healed without defects and which have not interfered with their following a useful vocation in civil life.

63. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(a) Extensive disease of the vertebræ.

(b) Tuberculosis of any portion of the vertebral column.

(c) Abscess of the spinal column.

(d) Osteoarthritis, partial or complete, of the spinal column.

(e) Healed fractures of the vertebræ or pelvic bones with associated disqualifying rigidity.

(f) Lateral deviation of the spine from the normal mid line of more than 3 inches.

64. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from deformities and diseases of the spine, they shall refer them to the Medical Advisory Boards.

65. Registrants who appear for examination wearing a plaster jacket should be referred to the Medical Advisory Boards. The jacket should not be removed until provision shall have been made for its reapplication.

66. When the physicians of the Local Boards and the Medical Advisory Boards are in doubt concerning the cause and the extent of the diseases of the vertebræ, an X-ray plate of the spine should be made.

SACRO-ILIAC AND LUMBO-SACRAL JOINTS.

67. Registrants who, on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

(a) Normal sacro-iliac and lumbo-sacral joints.

(b) Complaint of disease of the sacro-iliac and lumbo-sacral joints which is unassociated with objective signs and symptoms at the first examination and which, on reexamination, after a reasonable period of time, is again found negative.

68. Registrants who on examination are found to present the following defect, if otherwise mentally and physically fit, may be accepted for special and limited military service:

(a) Disease of the sacro-iliac and lumbo-sacral joints of a degree which disqualifies for general military service, if otherwise mentally and physically fit and if the registrants have followed a useful vocation in civil life.

69. Registrants who on examination are found to suffer from the following defect shall be unconditionally rejected for all military service:

(a) Disease of the sacro-iliac and lumbo-sacral joints which is of a chronic type and is obviously associated with pain referred to the lower extremities, muscular spasm, postural deformities, and limitation of motion in the lumbar region of the spine.

70. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from disease or other defects of the sacro-iliac or lumbo-sacral joints, they shall be referred to the Medical Advisory Boards.

71. When the physicians of the Local Boards and Medical Advisory Boards are in doubt, they should have an X-ray plate made of the sacro-iliac and lumbo-sacral joints.

X. SCAPULAE.

72. Registrants who on examination are found to present the following conditions, if otherwise physically and mentally fit, shall be unconditionally accepted for general military service:

(a) Normal scapulae.

(b) Prominent scapulae due to other causes than paralysis.

73. Registrants who on examination are found to present the following defect, if otherwise physically and mentally fit, may be accepted for special and limited military service:

(a) Prominent scapulae due to paralysis of a degree which has not prevented the applicant from following a useful vocation in civil life.

74. Registrants who on examination are found to present the following defect shall be unconditionally rejected for all military service:

(a) Prominent scapulae due to paralysis. "

XI. THE EXTREMITIES.

75. Registrants who on examination are found to present the following conditions shall be unconditionally accepted for general military service.

(a) Normal upper and lower extremities with normal function.

(b) Ancient or recent fractures which have healed spontaneously with no resulting impairment of function.

+++++(c) Ancient or recent compound fractures or simple fractures of bone which have been operated upon and fixed by any mechanical measure with resulting good function.

(d) Benign tumors of bone when the condition does not interfere with the function of the extremity or the joint involved. (Benign tumors referred to are single and multiple exostoses and healed benign cysts.)

(e) Defects due to the removal of a benign tumor or tumors of bone which do not interfere with the function of the extremity. (Benign tumors referred to are single and multiple exostoses, healed benign bone cysts, enchondroma, and the giant-celled tumor.)

(f) Recent injury of a bone or joint with or without fracture or dislocation which in the opinion of the examiners is only temporarily incapacitating. (Registrants with these defects should be given a period of time not less than six weeks for recovery before the final examination is made.)

(g) Defects of bone or joint of healed tuberculosis when the tuberculosis has not shown evidence of activity at any time during the period of 10 years immediately preceding the examination.

(h) Absent left thumb.

(i) Loss of one finger of either hand with the exception of the right index finger.

(j) Scars and deformities of moderate degree of the hand or hands which do not interfere with normal function.

(k) Stiff fingers of a degree not to interfere with function.

(l) A low or even absent longitudinal arch if the foot is otherwise practically normal in shape and flexibility.

- (m) Slight hallux valgus which is unassociated with exostoses or bunion of any size.
- (n) Clubfoot of slight degree if the deformity has been corrected to the degree that the tarsus, metatarsus, and phalanges are flexible and the condition permits the wearing of a military shoe.
- (o) Slight claw toes not involving obliteration of the transverse arch and which do not interfere with the wearing of a military shoe.
- (p) Hammer toe which is flexible and which does not interfere with the wearing of a military shoe. (Hammer toe usually involves the second digit and unless it is rigid is not a disqualifying defect.)
- (q) Absence of one or two of the small toes of one or both feet if the function of the foot is good.
- (r) Ingrowing toenails.

76. Registrants who on examination present the following remediable defects, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

- (a) Ununited fractures if in the judgment of the examiners they are remediable with resulting good function.
- (b) Benign tumors of bone or joint which interfere with function and which in the judgment of the examiners are remediable.
- (c) Ganglion and other benign tumors of the hand or fingers.
- (d) Abduction and pronation (knock-ankle) when this condition is not associated with rigidity of the tarsal joints or with deformity of the foot. (This defect is remediable with proper foot exercise and with proper shoes.)
- (e) Hammer toe with rigidity.
- (f) Other defects which in the opinion of the examiners are remediable.

77. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

- (a) Loss of thumb or index finger of right hand.
- (b) Loss of two fingers of either hand, including the right index finger.
- (c) Web fingers.
- (d) Moderate deformities of one or both upper extremities which do not and have not interfered with function to a degree to prevent the registrant from following a useful vocation in civil life.
- (e) Defects of the foot which disqualify for general military service but do not prevent the registrants from wearing a military shoe and which have not prevented them from following a useful vocation in civil life.
- (f) Web toes.

78. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

- (a) Loss of both thumbs.
- (b) Loss of more than two entire fingers of one hand.
- (c) Extensive disease of long duration of one or more of the large joints with or without sinuses.
- (d) Tuberculosis of a bone or joint. (The diagnosis of tuberculosis of a bone or joint should be based upon the presence of swelling, tenderness, muscular spasm, restriction of joint motion, and the evidence of bone destruction shown by an X-ray plate.)
- (e) A history of tuberculosis of a bone or joint when the tuberculosis has been active at some time during the period of 10 years prior to the examination.
- (f) Old, irremediable, ununited fractures or united fractures with deformity sufficient to interfere with function.
- (g) Malignant tumors.
- (h) Extensive disease of long duration involving a number of joints of the upper and lower extremities.
- (i) Old, unreduced dislocations which have interfered with the registrants following a useful vocation in civil life.
- (j) Disease of the shoulder, elbow, or wrist with resulting limitation of motion.
- (k) Disease of bone or joint healed with such resulting deformity that the function is disturbed to a degree that it will interfere with military service.
- (l) Muscle paralysis or contraction which disturbs function to the degree of interference with military service.
- (m) Excessive curvature of the bones of the leg or thigh.
- (n) Excessive curvature of the bones of the forearm or arm which would interfere with military drill.
- (o) Excessive knock-knee.
- (p) Excessive bow legs.
- (q) Adherent scars of the skin and soft tissues of an extremity which interferes with function.
- (r) Excessive varicose veins.
- (s) Varicose veins of any degree associated with edema or ulcer of the skin.
- (t) Absent longitudinal arch of the foot associated with one or more of the following conditions:
 - Limitation of dorsal flexion.—
 - Rigid metatarsal and subastragaloid joints.—
 - Rigid toes. —
 - Marked pronation. ...

Prominent scaphoid associated with other disabling foot conditions.

(u) Rigidity of the tarsus and metatarsus due to former infectious processes with or without flat foot.

(v) Obliteration of the transverse arch associated with permanent flexion of the small toes (claw toes).

(w) Prominence of the plantar surface of the transverse arch especially when associated with large callosities.

(x) Abnormal flaccidity of the foot and toes when associated with evident severely painful symptoms.

(y) Abduction and pronation (knock-ankle) when associated with rigidity of the tarsal joints and painful symptoms.

††††† (z) Loss of dorsal flexion of the great toe if of a degree to be of a disabling factor in walking.

(aa) Hallux valgus if severe and associated with exostoses or a bunion of any considerable size, especially when there are signs of irritation about the joint.

††††† (bb) Loss of great toe.

††††† (cc) Loss of more than two small toes of either foot.

(dd) Club foot of even moderate degree if correction of the condition has not been sufficient to meet the standard requirements. (See par. 23 (n).)

††††† (ee) Internal derangement of the knee joint due to loose bodies, dislocation of the semilunar cartilages or other disease.

(ff) Disease of the bone or of the hip, knee, or ankle joint which seriously interferes with function and weight-bearing power.

(gg) Deformities due to fracture or other injury which interfere with function and weight-bearing power.

(hh) Sciatica, which is apparently intractable and disabling, to the degree of interference with the function of walking and weight-bearing power.

79. The selection of registrants with defects of the feet for special or limited military service must be left to the judgment of the physicians of the Local Boards and Medical Advisory Boards.

80. It is extremely important that registrants with defects of the feet which are not remediable by training and which prevent the inducted men from taking proper training, should not be accepted for general military service. It is quite as important that defects of the feet, which are not disabling, should not be considered disqualifying for general military service.

XII. HEIGHT, WEIGHT, AND CHEST MEASUREMENTS.

81. Table of standard accepted measurements of height, weight, and circumference of chest.

A.				B.			
Standard accepted measurements.				The following variations from the standard shown in column A are permissible when the applicant is active, has firm muscles, and is evidently vigorous and healthy.			
Height.	Weight.	Chest measurement.		Height.	Weight.	Chest measurement.	
		At ex- piration.	Mobility.			At ex- piration.	Mobility.
<i>Inches.</i>	<i>Pounds.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>Pounds.</i>	<i>Inches.</i>	<i>Inches.</i>
63.....	124	31	2	63.....	116	30	2
64.....	128	32	2	64.....	120	30	2
65.....	130	32	2	65.....	120	30	2
66.....	132	32½	2	66.....	120	30½	2
67.....	134	33	2	67.....	120	30½	2
68.....	141	33½	2½	68.....	121	30½	2
69.....	148	33½	2½	69.....	124	31	2
70.....	155	34	2½	70.....	128	31½	2
71.....	162	34½	2½	71.....	133	31½	2
72.....	169	34½	3	72.....	138	32½	2½
73.....	175	35½	3	73.....	143	32½	2½
74.....	183	36½	3	74.....	148	33½	2½
75.....	190	36½	3½	75.....	155	34½	2½
76.....	197	37½	3½	76.....	161	34½	2½
77.....	204	37½	3½	77.....	168	35½	3
78.....	211	38½	4	78.....	175	35½	3

82. *Directions for taking height.*—Use a board at least 2 inches wide by 80 inches long, placed vertically, and carefully graduated to one-quarter inch between 58 inches from the floor and the top end. Obtain the height by placing vertically in firm contact with the top of the head and against the measuring rod an accurately squared board of about 6 by 6 by 2 inches—best permanently attached to graduated board by a long cord. The registrant should stand erect with back to the graduated board, eyes straight to the front.

83. Registrants who on examination present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Those who fall within the accepted standards (A) or minimum requirements (B) for height, weight, and chest measurement given in table, paragraph 81.

(b) Those whose weight is greater than the standards indicated for the height (A) provided the overweight is not so excessive as to interfere with military training.

84. Registrants who on examination are found to present conditions not within the accepted measurements for weight and chest circumference and mobility given in the table, who are otherwise

mentally and physically fit, may be accepted for special or limited military service.

85. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

- (a) Less than 63 inches in height, except for insular troops.
- (b) Less than 116 pounds in weight, except for insular troops.
- (c) With a chest measurement of less than 30 inches and chest mobility of less than 2 inches.
- (d) A height of more than 78 inches.
- (e) Overweight which is greatly out of proportion to the height, if it interferes with normal physical activity or with proper training.

86. Local Boards should refer to the Medical Advisory Boards the following registrants:

- (a) Registrants who on examination are found to be apparently slightly under the minimum requirements for weight and chest measurements for the height.
- (b) Registrants of 78 inches in height who should be studied for the possibility of gigantism or acromegaly.
- (c) Registrants who are obese.
- (d) Registrants whose weight is less than 116 pounds and the defect is due to recent illness or to employment and environment of civil life and may be considered remediable by camp life.
- (e) Registrants whose chest mobility is less than 2, 2½, or 3 inches, respectively, as per the table, that they may be further studied to ascertain if the lack of required chest mobility is due to ignorance or to lack of practice.

87. Physicians of Local Boards and Medical Advisory Boards should use discretion and judgment in accepting registrants with slight variations in the ratio of height, weight, and chest measurements indicated in the table. Minimum and maximum height are absolute but when the weight is disproportionate and is believed to be due to some temporary condition, proper allowance may be made, provided it is the opinion of the boards that the variation is correctable with proper food and physical training.

XIII. ABDOMEN.

88. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit shall be unconditionally accepted for general military service:

- (a) Normal abdominal wall and abdominal organs.
- (b) Abdominal scars due to surgical operation or accident which show no hernial bulging at site of scars.

(c) Scar pain when found not associated with any disturbance of function of abdominal wall, stomach, or bowels.

(d) Jaundice when this is proved to be of a temporary character and not associated with organic disease of the gall tracts or liver by observation and re-examination of the registrant over a period of one month.

(e) Complaint of weak stomach, indigestion, dyspepsia, constipation, belching, vomiting, and various other types and degrees of abdominal discomfort which are proven by examination not to be associated with organic disease by the absence of the usual objective symptoms and signs and by such laboratory tests as may be employed.

(f) Blood in stools if proved to be due to slight defects, such as fissures of the anus, small hemorrhoids, or superficial small ulcers of the rectum.

(g) Moderate enlargement of the liver unassociated with other objective evidence of disease of the liver or other organs.

(h) Splenic enlargement of moderate degree unassociated with evidence of other disqualifying disease.

(i) Moderate enlargement of the spleen due to malaria.

(j) Small tumors of the abdominal wall (these are usually fibromas in area of recti muscles).

(k) Ptosis of the stomach and bowels unassociated with objective evidence of disturbance of function of the gastrointestinal tract. (Individuals who have ptosis of the stomach and bowels usually complain of constipation, belching of gas, heaviness in abdomen after meals, and numberless symptoms referable to the heart and nervous apparatus.)

(l) Mucous colitis due to spastic constipation.

(m) Proctitis of simple character confirmed by proctoscopy, which is not associated with ulceration of the mucous membrane.

(n) Intestinal parasites or their eggs in the stools.

(o) Internal and external hemorrhoids without prolapse of rectum.

89. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group:

(a) Hernia—inguinal, femoral, umbilical, and postoperative.

(b) Large benign tumors of the abdominal wall.

(c) Jaundice which persists beyond a period of one month and is determined at the final examination to be remediable.

(d) Large internal hemorrhoids with prolapse and hemorrhage.

(e) Proctitis associated with remediable ulcers.

(f) Amœbic dysentery.

90. Registrants who on examination present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

(a) Ptosis of the stomach and bowels associated with disqualifying conditions for general military service, but which permit the registrants to follow a useful occupation in civil life.

91. Registrants who on examination present the following defects shall be **unconditionally rejected** for all military service:

(a) Inoperable hernia.

(b) Irremediable diseases of the stomach.

(c) Irremediable diseases of the bowels.

(d) Irremediable diseases of the liver.

(e) Irremediable diseases of the kidney.

(f) Achylia gastrica.

(g) Gastric succorrrhea.

— (h) Jaundice due to irremediable organic disease of the liver.

(i) Syphilis of the liver.

— (j) Atrophic cirrhosis of the liver.

— (k) Hypertrophic cirrhosis of the liver.

(l) Hydatids of the liver.

(m) Chronic ulcer of the stomach or duodenum.

• — (n) Cancer.

(o) Partial or complete obstruction of the bowels due to organic disease.

(p) Chronic gastritis secondary to organic disease of other organs.

(q) Irremediable sinuses of the abdominal wall communicating with the hollow viscera.

(r) Tuberculosis.

(s) Irremediable stricture of the rectum.

(t) Multiple fistulæ of the anus.

(u) Schistosomum disease (blood flukes).

(v) Enlargement of the spleen associated with leucemia, Hodgkin's disease, or splenic anemia.

(w) Great enlargement of the spleen from any cause.

(x) Large internal and external hemorrhoids associated with prolapse of the rectum.

(y) Paralysis of the sphincter associated with incontinence of feces.

92. When the physicians of Local Boards are in doubt concerning the physical fitness of registrants who present defects of the abdominal wall or abdominal organs, they shall refer them to the Medical Advisory Boards.


93. When necessary to confirm a diagnosis, the physicians of the Local Boards and Medical Advisory Boards should, when possible, avail them-

selves of ~~fluoroscopy~~ and X-ray plates when examining registrants with defects of the abdominal wall or abdominal organs.

94. When the Medical Advisory Boards are able to command hospital facilities and the necessary diagnostic apparatus, they should, within their discretion, use test meals and chemical and microscopic examination of the stomach contents and stools.

95. Physicians of Local Boards and Medical Advisory Boards should make use of digital rectal examination of defects referable to that region, and when necessary proctoscopy should also be utilized.

96. Registrants who are found to have parasites or their eggs in stools should have this condition indicated on Form 1010.

97. Moderate impulse produced by cough at the inguinal, femoral,  or umbilical rings, or at the site of a scar is not necessarily indicative of hernia.

XIV. NECK.

98. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

- (a) Normal neck.
- (b) Nonspastic contraction of the muscles of the neck which is not of great degree and will not prevent the wearing of a uniform or military equipment.
- (c) Simple goiter or benign thyroid tumors unassociated with toxic symptoms provided the enlargement of the thyroid will not interfere with the wearing of a uniform or military equipment.
- (d) Benign tumors and cysts of the neck which will not interfere with the wearing of a uniform or military equipment.
- (e) Small, benign tumors of the parotid gland which will not interfere with the wearing of a uniform or military equipment.
- (f) Enlarged lymph glands of the neck which apparently do not interfere with the general health and which are not large enough to interfere with the wearing of a uniform or military equipment.

99. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group.

- (a) Simple goiter or benign tumors unassociated with toxic symptoms but so large as to interfere with wearing a uniform or military equipment.
- (b) Enlarged lymph glands of the neck which are so large as to interfere with wearing a uniform or military equipment.
- (c) Benign tumors and cysts of the neck which are so large as to interfere with the wearing of a uniform or military equipment.

- (d) Large benign tumors of the parotid gland which, in the opinion of the examiners, may be removed without permanent paralysis of the seventh nerve.

100. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

- (a) Exophthalmic goiter.
- (b) Thyroid enlargement from any cause associated with toxic symptoms.
- (c) Enlargement of the lymph glands of the neck associated with all clinical types of leucemia and Hodgkin's disease.
- (d) Lympho-sarcoma.
- (e) Tuberculous glands.
- (f) Malignant tumors.
- (g) Myxedema.
- (h) Nonspastic contraction of the muscles of the neck which is disfiguring and unsightly or interferes with wearing a uniform or military equipment.
- (i) Spastic contraction of the muscles of the neck.

101. When Local Boards are in doubt concerning the physical fitness of registrants who present defects of the neck, they should refer them to the Medical Advisory Boards.

102. The physicians of Local Boards and the Medical Advisory Boards should reject all registrants who, after careful study, are proved to suffer from thyroid toxic symptoms.

XV. GENITO-URINARY ORGANS AND VENEREAL DISEASES.

103. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

- (a) Gonorrhea, acute or chronic.
- (b) Syphilis with remediable manifestations.
- (c) Chancroids and the resulting infection of the lymph glands of the groin. (If, in the opinion of the examiners, registrants suffering from this defect are in a condition which would make it unsafe to themselves and to other soldiers in the cantonment, their induction should be temporarily deferred until the condition is improved.)
- (d) Gonorrheal arthritis which is determined to be temporary in character and not of itself disqualifying.
- (e) Moderately movable kidney. (By this is meant a kidney which upon deep inspiration may be palpated below the costal margins and which is not loose within the abdominal cavity.)
- (f) Albuminuria with or without casts which is proved by observation and repeated examination to be temporary in character.
- (g) Absence of one or both testicles due to removal or atrophy.

(h) Acute cystitis which has proved to be of a temporary character by observation and repeated examination over a period not to exceed six weeks.

(i) Phimosis with or without adhesions of the mucus surfaces.

(j) Benign warts and other benign growths of the glans penis and of the prepuce.

(k) Amputation of the penis if a sufficient amount of the organ remains so as not to interfere with the function of micturition. (Care should be taken to fully examine registrants who present evidence of a recurrence of a disqualifying disease for which the amputation was made.)

(l) Varicocele of moderate size.

(m) Hydrocele of moderate size.

(n) Undescended testicle which lies within the abdominal cavity.

(o) Bed wetting.

104. Registrants who on examination are found to present the following remediable defects who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:.

(a) Stricture of the urethra.

(b) Renal and ureteral calculus verified by an X-ray plate and with no evidence of disease of the kidneys.

(c) Benign tumor of the testicles.

(d) Cystitis which is proved not to be temporary in character and which is remediable within the judgment of the examiners.

(e) Benign tumor of the bladder.

(f) Pyelitis which has been verified by cystoscopy and is deemed remediable by the examiners.

(g) Varicocele of large size.

(h) Hydrocele of large size.

105. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(a) Chronic nephritis. (This should be evidenced by the presence in the urine of albumin and casts with or without blood, over a period of time sufficient to prove the persistency of the urinary findings. The examiners should require the registrants to void the urine during the period of the examination and in the presence of the physicians.) When albumin and casts are found in the urine the registrants should be reexamined not less than twice on separate days. If the urine shows albumin and casts with or without blood and this condition of the urine is associated with enlargement of the left heart, high blood pressure, and other evidences of cardio-vascular disease, the diagnosis of chronic nephritis may be made immediately. If the presence in the urine of albumin and of casts with or without

blood is proved to be inconstant and if the condition is unassociated with the cardio-vascular conditions mentioned, decision should lie within the judgment and discretion of the examiners.

(b) Diabetes, evidenced by the presence of glucose in the urine. (Reexamination of the urine of registrants which on the first examination is found to contain glucose should be made over a period of two or three days. The registrants should void the urine in the presence of the physicians.)

(c) Irremediable stricture of the urethra.

(d) Urinary fistula.

(e) Gonorrheal arthritis which is of itself disqualifying.

(f) Surgical kidney with or without renal calculus.

(g) Irremediable pyelitis.

(h) Cancer.

(i) Hydronephrosis.

(j) Tumors of the kidney.

(k) Tuberculosis of the kidney, ureter, bladder, seminal vesicles, or testicles.

(l) Floating kidney. (By floating kidney is meant one which is freely movable within the abdominal cavity).

(m) Acute nephritis which is proved by observation and reexamination not to be temporary in character.

(n) Chronic cystitis associated with retention of urine caused by stricture of the urethra or by disease of the central nervous system.

(o) Amputation of the penis if the resulting stump is insufficient to permit of normal function of micturition.

(p) Undescended testis which lies within the inguinal canal.

106. When Local Boards are in doubt concerning the physical fitness of registrants who present defects of the genito-urinary apparatus, they shall refer them to the Medical Advisory Boards.

107. When it is deemed necessary, Local Boards and Medical Advisory Boards should take advantage of cystoscopy and X-ray examination to verify diagnosis of defects of the genito-urinary organs.

108. Physicians of Local Boards and Medical Advisory Boards should advise and aid registrants who suffer from gonorrhea, syphilis, and chancroid and temporary remediable defects of the skin to secure proper treatment pending orders.

XVI. MENTAL AND NERVOUS DISEASES.

109. Registrants who on examination show the following conditions shall be **unconditionally accepted** for general military service:

(a) A normal nervous system.

(b) Who appear to have normal understanding, whose speech can be understood, who have no definite signs of organic disease of the

brain, spinal cord, or peripheral nerves, and who are otherwise mentally and physically fit.

(c) Hysterical paralyses or hysterical stigmata and local muscular spasms which do not cause mental or physical defects disqualifying for general military service.

(d) Muscular tremors of moderate degree.

110. Registrants who on examination are found to suffer from the following condition, who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group:

(a) Drug addiction, including the habitual use of opium and its derivatives and cocaine.

111. Registrants who on examination are found to suffer from the following defects of the nervous apparatus who are otherwise mentally and physically fit may be accepted for **special and limited** military service:

(a) Stuttering and stammering of a degree disqualifying for general military service but which has not been disqualifying in successfully following a useful vocation in civil life.

(b) Hysterical paralysis or hysterical stigmata of a degree disqualifying for general military service but not of a character to prevent the registrants from successfully following a useful vocation in civil life.

(c) Tremors of such extreme degree that they disqualify for general military service but have not prevented the registrants from following a useful vocation in civil life.

112. Registrants who on examination are found to suffer from the following defects shall be **unconditionally rejected** for all military service:

(a) Insanity.

(b) Epilepsy.

(c) Idiocy.

(d) Imbecility.

(e) Chronic alcoholism.

(f) Stuttering or stammering to a degree that the registrant is unable to express himself clearly or to repeat commands or to demand the countersign.

(g) Constitutional psychopathic state.

(h) Chronic essential chorea.

(i) Tabes (locomotor ataxia).

(j) Cerebrospinal syphilis.

(k) Multiple sclerosis.

(l) Paraplegia.

(m) Syringomyelia.

(n) Muscular atrophies and dystrophies.

(o) Hysterical paralysis or hysterical stigmata so serious that these defects are disqualifying for military service.

(p) Neuritis which is not temporary in character and which has progressed to a degree to prevent the registrants from following a useful vocation in civil life.

113. ALL REGISTRANTS WHO SUFFER FROM DEFECTS INVOLVING THE MENTAL OR NERVOUS SYSTEM CONCERNING WHICH THE LOCAL BOARDS ARE IN DOUBT SHOULD BE REFERRED TO THE MEDICAL ADVISORY BOARDS.

114. The examiners may base their decisions as to mental and nervous defects upon the following brief description of some disqualifying defects:

115. *Insanity*.—All registrants should be considered insane who are committed or who have been committed to a licensed public or private institution for the care of the insane. The examiners may require proof in the form of verified records of commitment by the proper State authorities to verify the statements of the registrants.

116. *Epilepsy*.—The registrant shall be declared an epileptic when an authentic history of convulsions has been verified by family physicians, if this is desired by the examiners, and when the registrant shows scars of the tongue, face, and head, and possibly the characteristic voice, to establish the fact that the disease has been of long duration:

117. *Idiocy*.—A registrant shall be declared an idiot who has been so defective in mind from birth or from early age that he is unable to guard himself against common physical danger.

118. *Imbecility*.—A registrant shall be declared an imbecile who has been so defective in mind from birth or early age as to be incapable of earning a livelihood but at the same time is able to guard himself against common physical danger.

119. *Chronic alcoholism*.—A registrant shall be declared a sufferer from chronic alcoholism when he presents a majority of the following symptoms and signs: Suffused eyes; prominent superficial blood vessels of nose and cheek; flabby, bloated face; red or pale purplish discoloration of mucous membrane of the pharynx and soft palate; muscular tremor of the protruded tongue and extended fingers; tremulous handwriting.

The history or evidence presented that the registrant has been frequently and grossly intoxicated is not of itself sufficient proof for the diagnosis of chronic alcoholism.

CLINICAL FORMS OF INSANITY.

120. *Dementia precox*.—Look for indifference, apathy, withdrawal from environment, ideas of reference and persecution, feelings of the mind being tampered with, of thought being controlled by

hypnotic, spiritualistic, or other mysterious agencies, hallucinations of hearing, bodily hallucinations, frequently of electrical or sexual character; meaningless smiles; in general, inappropriate emotional reaction and lack of connectedness in conversation. There may be sudden emotional or motor outbursts. The history of family life and of school, vocational, and personal career will usually show erratic and more or less irrational conduct.

121. *Manic-depressive insanity*.—Look for mild depression, with or without feeling of inadequacy, or mild manic states with exhilaration, talkativeness, and overactivity.

ORGANIC DISEASES OF THE BRAIN, SPINAL CORD, AND PERIPHERAL NERVES.

122. *Paresis (general paralysis)*.—The diagnosis of paresis may be made when at the examination of the registrant a majority of the following signs and symptoms are demonstrated: Argyll-Robertson pupil or pupils, facial tremor, speech defect in test phrases, and in the slurring and distortion of words in conversation; writing defects consisting of omissions and the distortion of words. Apathetic or depressed or euphoric mood. These registrants may show memory loss, discrepancies in relating facts of life; the knee jerks may be plus, minus, or normal.

123. *Tabs (locomotor ataxia)*.—The diagnosis of this disease should be made when, at the examination of the registrant, several of the following signs and symptoms are present: Argyll-Robertson pupil or pupils; absent knee jerk, Romberg symptom, ataxia of hands or legs (especially when the eyes are closed), hypotonia, and anesthetic areas of the skin. The history of locomotor ataxia is usually that of slow progression, of failing sexual power and pains in the legs and back, which are often described as rheumatism.

124. *Cerebro-spinal syphilis*.—The prominent diagnostic signs and symptoms are headache, varying deep and superficial reflexes, pupillary changes, ptosis, and ocular palsies, facial weakness; mental state normal, dull, or apathetic. Comparative motor weakness may occur of one side of the body or of one extremity.

125. *Multiple sclerosis*.—The diagnosis of this disease rests upon the following signs and symptoms: Intention tremor, nystagmus, absent abdominal reflexes, increased tendon reflexes, and scanning speech; in cases of this kind the history obtained is not characteristic, but sometimes there may be a history of urinary disturbance.

126. *Paraplegia*.—The diagnosis of paraplegia from whatever cause will rest upon weakness of the lower extremities, associated with lost or increased knee jerk, Babinski reflex, or disturbance of the sphincters of the rectum and bladder, with or without girdle

sensations. Sensory disturbance of the skin may or may not be present. Muscle sensibility may be diminished.

127. *Syringomyelia*.—Syringomyelia is usually evidenced by more or less loss of power and atrophy of groups of muscles of one or more extremities; disturbance of the sensations of the skin, more especially in the form of analgesias, and diminution of the temperature sense; if in the upper dorsal cord, often associated with stooped shoulder posture; if in the lower dorsal, with weakness in one or both lower extremities.

128. *Muscular atrophies and dystrophies*.—The signs and symptoms of muscular atrophies and dystrophies are: Atrophies of the small muscles of the hand and of the muscle groups of the shoulder; and fibrillary twitchings. The history of these defects rarely furnishes reliable data, although it will usually be found that the registrant has shown evidences of awkwardness. There is never a history of pain in the affected muscles.

129. *Multiple neuritis*.—The chief manifestations are more or less pain in the course of the affected nerves, with tenderness over the trunks of the nerves and of the muscles supplied by them; lessened muscular power of varying degrees; more or less atrophy of muscles, with or without contraction and evidences of trophic changes of the skin. The reflexes, deep and superficial, may be diminished or absent; the sphincters are not involved.

Existent organic nervous disease should always exclude. For example, neuritis of one or many nerves, while susceptible of recovery without resultant defect, is none the less a cause for rejection as long as it exists.

130. Certain after effects of organic nervous disease need not be causes for rejection provided (1) that the disease is no longer operative and is not likely to recur, (2) that the effect left by it does not prevent a satisfactory fulfillment of military duties. Examples of such conditions are paralysis of a few unimportant muscles following poliomyelitis, slight unilateral hypertonicity as a result of an infantile hemiplegia in a man now robust, and various traumatic conditions.

XVII. LUNGS AND CHEST WALL.

131. Registrants who on examination are found to present the following conditions shall be **unconditionally accepted** for general military service:

- (a) Normal lungs.
- (b) Normal pleura.
- (c) Normal bronchi.
- (d) Acute bronchitis which is not tuberculous.
- (e) Hay fever.

(f) Scars of operation of empyema which have been healed for one year or longer when the function of the lung is good.

(g) Acute pleurisy with effusion, provided the acceptance of the registrants shall be temporarily delayed for observation and re-examination and there has been established evidence satisfactory to the examiners that the pleurisy and the effusion have entirely disappeared.

(h) Fracture of the rib or ribs, provided the acceptance of the registrants is temporarily deferred until a final examination shows recovery with or without deformity, provided the deformity does not interfere with respiratory movement.

(i) Benign tumors or hypertrophy of the breast, provided the enlargement does not interfere with the wearing of a uniform or military equipment.

(j) Small, palpable lymph glands of the axilla which apparently do not interfere with the general health.

(k) Syphilitic periostitis of rib or ribs, sternum or clavicle.

132. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group:

(a) Typhoid periostitis of rib or ribs.

(b) Tumor or hypertrophy of the breast with such enlargement of the breast as to interfere with the wearing of a uniform or military equipment.

133. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

(a) Tuberculosis of the lungs.

(b) Tuberculous pleurisy.

(c) Unhealed sinuses of the chest wall following operation for empyema.

(d) Chronic bronchitis with emphysema.

(e) Chronic asthma associated with chronic bronchitis and emphysema.

(f) Fetid bronchitis.

(g) Bronchiectasis.

(h) Syphilis of the lung.

(i) Actinomycosis.

(j) Hydatid cysts.

(k) Restricted respiratory movements of chest due to deformity of the chest as a result of fracture of ribs or other injuries.

(l) Tuberculosis of the ribs.

(m) Cancer.

134. When the Local Boards are in doubt concerning the physical condition of the registrants who present defects of the lungs, pleura or bronchi, they should be referred to the Medical Advisory Boards.

135. Inasmuch as pleurisy, with or without effusion, is a very frequent incidence of early tuberculosis, physicians of Local Boards and Medical Advisory Boards should examine with the greatest care registrants who have apparently recovered from pleurisy.

136. The following information concerning methods of examination of the lungs and the interpretation of the findings are presented for the guidance of examiners.

137. The examiners should be extremely careful to reject registrants with manifest pulmonary tuberculosis for all military service and to accept for military service registrants who allege tuberculosis as a ground for exemption or discharge on the basis of insufficient or incorrectly interpreted signs and symptoms.

Men who desire to serve their country may conceal, from patriotic motives, symptoms of tuberculosis which they know or suspect to exist. Some tuberculous patients will seek enlistment with a view of obtaining treatment and a pension. Some soldiers who have volunteered may repent their action and allege symptoms of tuberculosis with a view to securing discharge. Some registrants may be expected to claim the existence of tuberculosis as a ground for exemption, and may fortify their claims by certificates of physicians and by radiographs. There will probably be many cases in which pulmonary tuberculosis will have been diagnosticated on the ground of subjective symptoms and of physical signs which are normal or indicate unimportant and healed lesions of some kind.

It is necessary, therefore, that conclusions of the examiner shall be based only on physical signs, sputum examinations, and radiographs. Statements of the subject as to symptoms will not be accepted as proof of the existence of tuberculosis unless supported by objective evidence.

It is the duty of examiners to protect the interests of the Government by preventing men from entering the service who have manifest tuberculosis. It is equally their duty to prevent the escape from service on the ground of tuberculosis of men who present slight or doubtful deviations from the normal. It is therefore necessary to insist that recommendations for discharge for tuberculosis of otherwise apparently healthy and vigorous men shall be based only upon the presence of definite and plainly marked signs of pulmonary lesions.

138. The following signs will not be regarded as evidence of pulmonary disease in the absence of other signs in the same portion of the lungs:

(a) Slightly harsh breathing, slightly prolonged expiration over the right apex above the clavicle anteriorly and to the third dorsal vertebra posteriorly. The same signs at the extreme apex left side.

(b) Same signs second interspace right anteriorly near sternum (proximity of right main bronchus).

(c) Increased vocal resonance, slightly harsh breathing immediately below center of left clavicle.

(d) Fine crepitations over sternum heard when stethoscope touches the edge of that bone.

(e) Clicks heard during strong respiration or after cough in the vicinity of the sternocostal articulations.

(f) The so-called atelectatic râles heard at the apex during the first inspiration which follows a deeper breath than usual or a cough.

(g) Sounds resembling râles at base of lung (marginal sounds), especially marked in right axilla, limited to inspiration.

(h) Similar sounds heard at apex of heart on cough (lingula).

(i) Slightly prolonged expiration at left base posteriorly.

(j) Very slight harshness of respiratory sounds with prolonged expiration in the lower paravertebral regions of both lungs posteriorly, most marked at about angle of scapula, disappearing a short distance above that point, equal on both sides, or slightly more marked at the angle on one side, more frequently the left.

139. *The apices.*—Incipient tuberculosis of the apex is often erroneously diagnosticated.

(a) On account of the misinterpretation of the normal sounds which are usually, slightly harsh breathing, slightly prolonged expiration over the right apex above the clavicle, anteriorly, and to the third dorsal vertebra, posteriorly. The same signs are usually found at the extreme apex of the left side.

(b) Because the importance of minor differences between the two sides is exaggerated. It is safe to say that if given a sufficiently minute examination, there would be but few men who would fail to show some signs which might be interpreted as of pathological significance.

(c) The truly incipient tuberculosis of the apex generally escapes detection when in an active state. When healed it constitutes the abortive tuberculosis of Bard. Induration of the apex has been described by Kronig as a nontuberculous affection. The important question here is whether the signs present indicate a healed or active process. They are harshness of respiratory sounds, prolongation of expiration, increased conduction of voice, and more or less dullness on percussion. These signs are caused by induration of pulmonary tissue. Induration caused by acute inflammation is relatively rare in tuberculosis. It is not characteristic of a recent but of an advanced process, when present to an extent which permits detection clinical methods. When it does occur, the subject is usually febrile

and evidently ill. In cases of ambulant subjects in apparently good health the presumption is that the above signs indicate an old, not an incipient lesion. The abortive tuberculosis of Bard and Kronig's apical induration, whether or not it is due to an obsolete tuberculosis, are not causes for rejection in the absence of tuberculous disease at a lower level in the upper lobe. Narrowing of Kronig's isthmus is extremely common. It is not a sign of recent disease but of contraction of the lung from old disease. In consideration of the frequent asymmetry of the bony structures about the apices slight differences in the width of the isthmus on the two sides are unimportant. A distinct contraction of one side points to the existence of a tuberculous focus of the upper lobe; whether or not this focus is of clinical importance must be determined from the signs in the individual case. Contraction of the isthmus per se is not a cause for rejection. The attention of examiners is particularly invited to the necessity of exercising great conservatism in their interpretation of physical signs over the apices. Interpretation of such signs as indicating active tuberculosis would in many cases do the Government great injustice, leading to the exclusion of men who are fit for service. The only trustworthy sign of active apical tuberculosis is the presence of persistent moist râles.

DIAGNOSIS OF TUBERCULOUS LESIONS IN GENERAL.

140. *The acute lesion.*—If small, this lesion is manifested by râles with or without changes in breath sounds, percussion note, and voice transmission. The more acute the lesion the greater the probability that its presence will be indicated only by râles. If of large extent, the process is distinctly a broncho-pneumonia, generally caseous, characterized at first by the usual signs of pneumonia, crepitant, and subcrepitant râles; when caseated, by absence of râles, except coarse and distant râles from the larger bronchi, also by impairment of expansibility of the lung, and more or less dullness or tympanitic resonance; when breaking down, by cavity signs and the presence of loud moist râles of varying size. Large acute lesions are rarely found in candidates for enlistment, and the small acute lesion is also comparatively rare.

141. *The arrested chronic lesion.*—It is by no means rarely the case that a tuberculous lesion will run its course and become arrested without the knowledge of the subject, who may state in perfectly good faith that he has never had tuberculosis. The arrest of a lesion is indicated by the absence of râles. Such a lesion is characterized by harshness of breath sounds and prolongation of expiration, by increased vocal fremitus and resonance, and by more or less pronounced dullness on percussion.

142. *The active, chronic, localized lesion.*—Activity is denoted by the presence of râles, together with the other signs described under the arrested lesion. Râles do not necessarily show that the lesion is extending nor that the activity is of much clinical importance, but in military practice the presence of râles accompanied by breath changes and other signs should be an indication for rejection. The more active and recent the chronic lesion the less marked the breath changes and the more conspicuous the râles.

143. *Disseminated tuberculosis.*—True miliary tuberculosis is not likely to come to the attention of the military examiner. The peribronchial type is common and frequently not recognized. In the adolescent the peribronchial tuberculosis may be extending from the deep lung without as yet developing a superficial focus. It may be manifested only by the presence of distant râles with or without slight changes in the breath sounds which are of slight bronchovesicular quality. If the case is well marked, there will be impairment of expansibility of the affected side and increased vocal resonance. Less pronounced cases are distinguished from chronic bronchitis only by the character of the râles (coarser in bronchitis) and by their topical distribution.

144. More frequently the peribronchial type is found accompanying a superficial focus. Broncho-vesicular breathing may extend some distance below the limits of the superficial focus with or without râles. But the most important manifestation of the peribronchial type is extension to the formerly sound side. There may be a small, obscure, apparently arrested lesion of one side, usually the right, with a peribronchial extension involving the whole or the greater part of the other lung manifested only by the presence of râles after expiration and cough.

145. A definitely demonstrated tuberculosis lesion of more than insignificant size below the apex is cause for rejection whether such lesion be active or inactive.

146. *The method of "expiration and cough."*—In ambulant afebrile subjects harshness of breath sounds and prolongation of expiration characterize the old and relatively dry lesion, while the more acute the process the less marked are the breath changes and the greater are the conspicuousness and significance of râles. No examination for tuberculosis is complete without auscultation following a cough.

147. It is best executed as follows: Starting from the state of rest of the lung the subject forcibly expels the air from the lungs, reserving the last portion of the expiration for a short cough, after which inspiration immediately follows, but only enough air is inhaled to return the lung to the state of rest. The idea is to diminish the size of the bronchi as much as may be by expiration, then to cough

to stir up forcibly such fluid as may be present in them. The moisture is more likely to be moved by the current of air and so produce râles when the tubes are of their least caliber. This procedure should invariably be employed in examinations in order to determine the activity of lesions found by other signs and also to detect the existence of fresh disseminated tuberculosis.

148. Examination of sputum.—The presence of tubercle bacilli in the sputum is a cause for rejection. Examiners should, however, take pains to convince themselves that the sputum examined came from the lungs of the person under examination. To this end they should insist that the sputum be coughed up in their presence or in that of the pathologist who makes the microscopical examination.

149. Tuberculin.—It is well recognized that a positive reaction to tuberculin, especially in the young adult, is not a proof of the presence of active clinically important tuberculosis. Tuberculin only demonstrates activity of the tuberculous process in the clinical sense when it can be shown to produce a focal reaction. Such reaction is not without danger. Since, therefore, tuberculin rarely leads to a correct diagnosis and may do injury, its general use in the diagnosis of tuberculosis in examinations for enlistment is prohibited.

150. X ray.—Only well-marked pathological changes are revealed by radioscopy. For the accurate diagnosis of tuberculosis recourse should always be had to the study of the X-ray negative. It is not of course practicable always to use radiography extensively for the determination of tuberculosis during the examination of registrants. But the X ray will doubtless be often employed in doubtful or disputed cases, so that it is necessary to consider the rules which should obtain in reading the radiograph.

Morbid changes in the lungs are shown by shadows due to two substances, first, blood; second, fully organized connective tissue. Blood imprints a shadow on the negative only when present in abundance. The congestion of lobar pneumonia is typical. Broncho-pneumonia of tuberculous origin may also cast shadows, but only when the process is acute, the congestion great. Frequently the tuberculous process runs so chronic a course that the inflammatory reaction is insufficient to congest the lung enough to produce a shadow. The shadow of congestion is not sharply outlined; it melts away at its borders.

Connective tissue in the parenchyma of the lung away from the hilus is not normally present in sufficient quantity to retard appreciably the passage of the X rays except as it occurs in connection with and as a part of the various tubes, bronchi, blood vessels, and lymphatics. As a result of proliferative inflammation connective tissue develops as a fibrous thickening of these tubes, particularly the

bronchi and the lymph vessels, which casts a shadow deeper than normal; the older the process and the better organized the tissue, the denser the shadow and the sharper its outline. Tubercle, caseations, as such, cast no shadows distinguishable from the other tissues of the parenchyma. It has been found that cubes, 1 cubic centimeter in size, of caseous tubercle when embedded in a healthy lung are indistinguishable by the X ray. But if the caseations become calcified or are even impregnated abundantly with mineral salts they become opaque to the X ray. In general, and especially if one has to do with the shadows of tubes, it may be said that fuzziness of outline means acute vascular congestion, an active process. On the other hand, when the shadows of the tubes are sharp we have a process which, if active at all, is at least not characterized by great acuity, is not congestive. There is what is called dry tuberculosis of the lung tissue, which inclines to abundant formation of connective tissue, to dry caseations and cicatrizations, or to complete transformation into fibrous tissue, characterized by sharply outlined granular spots and by more or less sharply marked bands and streaks. Special attention is called to the persistence of the sharply outlined dots and lines when activity of the tuberculous process no longer exists. The sharply outlined thickenings of the bronchi and other tubes may be evidence of an old inflammation now entirely obsolete, may be simply records of the ancient history of the pulmonary tuberculosis.

We do not see tubercles in the X-ray negatives. What we see are either sharply outlined calcifications and fibroses, or fuzzy congestions, or a combination of the two conditions. Cases are seen in which the X ray in general gives the same findings in both lungs, while the autopsy proves one lung severely, the other slightly, diseased. Such cases illustrate well the limitations of X-ray diagnosis. What is seen in the X-ray negative is the thickened framework of old inflammation in the two lungs, in one accompanied by much parenchymatous disease of recent origin, in the other accompanied by little, the said parenchymatous disease being invisible to the X ray because neither sufficiently congested nor sufficiently organized to cast shadows.

In view of these facts the data obtained by study of the physical signs will as a rule govern in the forming of the diagnosis. The diagnosis of active tuberculosis should not be made from the X ray if not corroborated by physical signs.

Extensive systems of lines, many sharply outlined spots, or dense streaks do not, then, show an acute process.

Persons in good health with nearly or quite arrested tuberculosis are sometimes found by the X ray to present a picture of very extensive changes of this kind. Yet the prognosis in such cases is not

good if the subjects be subjected to severe strain. The radiograph is a proof that the lungs have undergone serious changes. The danger is either that hardship will lead to a reactivation of the numerous more or less quiescent tuberculous lesions or, if the process has been largely of the nature of fibrosis, that the lungs have been so damaged thereby as to unfit the person for an active life. If, then, the radiograph shows extensive dappled or mossy shadows or numerous spots and streaks the recruit should be rejected, however good his health may appear to be. Shadows of a homogeneous opacity result from pleurisy and are not necessarily a cause for rejection in the absence of other signs.

Tuberculosis of the bronchial glands is a diagnosis often made from the radiograph on very slight foundation. The facts are that pronounced swelling of the lymph glands is characteristic of primary, not of advanced, tuberculosis. It is rare that intrathoracic gland tuberculosis is of any clinical importance in the adult. With few exceptions cases of bronchial gland tuberculosis which lead to true symptoms of disease are confined to the first and second years of life. Only rarely, especially in adults, is so-called hilus gland tuberculosis a purely glandular process; it is rather a more or less pronounced disease of the surrounding hilus tissue in the form of peribronchial and infiltrative processes of the neighboring pulmonary tissues. That is, the interscapular dullness relied upon for the diagnosis of enlarged glands, if caused by lung conditions, is due to tuberculous processes in the region of the hilus, participation in which to any important extent on the part of the glands is a matter of conjecture. The presence of masses in the neighborhood of the hilus as shown by the X ray may indeed be cause for rejection, but rejection on account of relatively small opacities in that region on the ground that they indicate a bronchial gland tuberculosis of clinical importance certainly should not be permitted.

151. *Résumé of indications from X-ray negatives.*—The X ray shows (1) tuberculous disease confined to region of hilus in deep lung; (2) extension upward toward apex or downward and outward toward base, confined to deep lung; (3) a fine line or two extending to apex with or without small focus or foci there—condition not determinable by physical signs; (4) clouding of apex without marked lines from hilus, probably largely pleuritic; (5) well-marked lines extending to superficies of apex, usually, but not necessarily, with foci there—lesion accessible to physical examination; (6) lines extending toward shoulder as well as apex—(a) if confined to deep lung may mean early and now obsolete exacerbation—(b) if extending to superficies denote larger lesion and less immunity than 5; (7) more or less widely diffused spots,

lines, and streaks through a considerable portion of lower lobe approaching periphery of lung, with few or no auscultatory signs—deep peribronchial tuberculosis; (8) more extensive streaked opacities involving greater part of one or both lungs and extending to periphery with few or many physical signs—fibrocaseous tuberculosis, fibrosis preponderating in proportion to scantiness of more or less rounded spots or dots.

Conditions as shown by 1, 2, 3, 4, and 6 (*a*) are not causes for rejection. Cases under 5 are to be determined by physical examination. Cases under 6 (*b*), 7, and 8 are to be rejected.

XVIII. HEART AND BLOOD VESSELS.

152. The following procedure should govern in the examination of the heart:

- (*a*) Location and determination of character of apex impulse.
- (*b*) Auscultation of the heart sounds over apex, lower sternum, and second and third interspaces to right and left of sternum, noting accentuation of sounds and murmurs.
- (*c*) Inspection of root of neck and upper thorax and percussion of first interspace on each side of manubrium for evidence of aneurysm.
- (*d*) Count of radial pulse, observation of its rhythm; and palpation of radial arteries for unusual thickening or high tension.
- (*e*) Exercise test: Hopping 100 times on one foot. At close count heart rate with stethoscope over apex, listening for murmurs and noting how long tachycardia and unusual dyspnoea persist. After two minutes neither should be marked. Examiners should use judgment and discretion in applying the exercise test to registrants who, in the preliminary examination, present evidence of incompetency of the heart. Registrants should not be placed in jeopardy, but at the same time the exercise test is an important factor in determining the condition of the heart.

153. Registrants who on examination show the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service: .

(*a*) Normal heart. (A heart shall be considered normal when the apex impulse is within the left nipple line and not below the fifth interspace, not heaving in character, with normal sounds, free from murmurs, absence of pulsation or dullness above the base of the heart, regular pulse of normal rate, no unusual thickening of the arteries or evidence of high blood pressure, and a normal response to the exercise test.)

(*b*) A pulse rate of 100 or over which is not persistent. (A pulse rate of 100 or over may be temporary and due to a recent infection

such as typhoid fever or local infections about the nose, mouth, and throat.)

(c) A pulse rate of 50 or under which is proved to be the natural pulse rate of the registrant or to be temporary or due to the use of drugs.

(d) Sinus irregularity. (This consists in a quickening of the pulse rate during inspiration and a slowing during expiration and is best recognized with the registrant recumbent and breathing deeply.)

(e) Old thrombophlebitis of one extremity unassociated with any evidence of persistence of the cause thereof or of obstruction in the involved vein or veins.

154. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

(a) Circulatory failure evidenced by definite symptoms such as a combination of breathlessness, marked cyanosis or edema.

(b) Hypertrophy and dilation of the heart evidenced by displacement of the apex impulse to the left of the nipple line or below the sixth rib, and of a heaving or diffuse character.

(c) A persistent heart rate of 100 or over when this is proved to be persistent in the recumbent posture and on observation and re-examination over a sufficient period of time.

(d) A persistent pulse rate of 50 or under proved to be due to heart block.

(e) Complete irregularity of the pulse when this is found to be due to auricular fibrillation.

(f) Valvular disease, as evidenced by characteristic murmurs, enlargement of the heart, and a lack of the normal response to exercise.

(g) Arteriosclerosis and hypertension evidenced by a tense pulse, persistent systolic blood pressure above 160 m. m., accentuation of the aortic second sound when the registrant is in quiet recumbency.

(h) Intermittent claudication associated with a diminution or absence of pulsation of the blood vessels about the ankle and foot.

(i) Raynaud's disease.

(j) Erythromelalgia.

(k) Thrombophlebitis of one or more extremities if there is a persistence of the thrombus or any evidence of obstruction of circulation of the involved vein or veins.

(l) Aneurysm of the arch of the aorta or of any other large vessel.

155. When Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects due to conditions of the heart or blood vessels, they shall refer them to the Medical Advisory Boards.

156. It is incumbent upon Local Boards, Medical Advisory Boards, and medical officers of the Army:

(a) To accept for service men who have been recommended for rejection because of supposed defects which do not indicate disease

and do not impair the individual's ability to undergo severe bodily exertion.

(b) To exclude from active service in the Army any registrant affected with disease of the heart or blood vessels which impairs his ability to undergo severe bodily exertion.

157. Men who desire to serve their country may from patriotic motives endeavor to conceal a known valvular lesion which has given no symptoms. On the other hand, men drafted for service may allege or feign symptoms to obtain exemption. Registrants may be expected to present physicians' certificates to substantiate the existence of valvular disease. Many of these may be given in good faith, because of inadequate knowledge of the significance of certain frequent murmurs.

158. It is necessary, therefore, that the conclusions of the examiner shall be based on objective evidence in the widest sense, including both physical signs, cardiac rhythm, measurement of the blood pressure, and the observed effect of effort. Nevertheless, in the presence of questionable signs or symptoms, the history, especially of past rheumatic fever, may be a factor in the final decision. No statements of the subject, however, will be accepted as proof of the existence of a cardio-vascular defect, unless supported by objective evidence.

159. Since it is the duty of examiners to protect the interests of the Government by preventing men from entering the service whose circulatory systems may be expected to break down under strain, and equally by preventing the exemption or discharge of fit subjects because of unimportant deviations from the normal, it will be necessary for them to exercise every care in the interpretation of their findings and to bear in mind constantly the murmurs and other departures from the supposed normal which may occur in perfectly healthy hearts.

160. *Principles of interpretation of symptoms and signs referable to the heart.*—The following principles are laid down for the guidance of examiners in their interpretation of abnormal signs and systems: In many cases the interpretation must be purely individual and based on the cumulative evidence of a number of relatively slight deviations from the normal. It can not be too strongly insisted on that, given a heart of normal size and responding normally to effort, any murmur that is heard should be considered accidental and insignificant unless it can be positively demonstrated that it is a mitral or aortic diastolic murmur. It should also be constantly borne in mind that the excitement of the examination may produce violent and rapid heart action, often associated with a transient systolic murmur, which conditions may erroneously be attributed to the effects of exertion. They will usually disappear promptly in the recumbent posture, but the examiner must be

shrewd to distinguish the excitable individuals and take measures to eliminate psychic influences from the test so far as possible.

161. Hypertrophy and dilatation of the heart.—Impulse to the left of the nipple line or below the sixth rib and of heaving character is cause for rejection. Its cause, either valvular disease or hypertension in the majority of cases, should be sought for. It should not be made a primary diagnosis unless careful examination fails to reveal a cause.

162. Valvular diseases.—Cardiac murmurs are the most certain physical signs by which valvular disease may be recognized and its location determined, but murmurs are very frequent in the absence of valvular lesions and may occur in perfectly healthy hearts, especially under the influence of excitement and exertion. Such accidental murmurs are always systolic in time. The most frequent of these are:

(a) Those heard at the apex on excitement, especially when recumbent.

(b) Those heard over the second and third left interspaces during expiration, disappearing during forced inspiration. These are particularly common in men with flexible chests, who can produce extreme forced expiration and under such circumstances may be associated with definite thrill.

(c) Systolic accentuation of the respiratory murmur, especially on inspiration, heard near the apex or over the back.

Systolic murmurs as described in subparagraphs (a), (b), and (c) are not indicative of defects which shall disqualify a registrant for general military service.

Systolic murmurs unassociated with enlargement of the heart, alteration of the first sound, accentuation of the pulmonic second sound, or abnormal response to exercise may also be considered as without significance.

163. Other systolic murmurs:

(a) Loud systolic murmurs, audible at the apex and in the left back, if associated with any enlargement of the heart, with snapping first sound, or accentuation of the pulmonic second sound, constitute a disqualifying defect. (See (f), Par. 154.)

(b) Systolic murmurs at the base, except as specified above, especially those heard in the second right intercostal space, require more careful scrutiny. They may be due to disease of the aortic valves. In this case they should be harsh, conveyed well into the neck, associated with an aortic diastolic murmur, with thrill, or with a marked enfeeblement of the aortic second sound. They are more often due to dilatation of the aorta, either syphilitic or arteriosclerotic. The other signs of dilatation should then be sought—increased dullness in the first and second interspaces to

either side of the manubrium, pulsation in this area, accentuation of the aortic second sound. In doubtful cases X-ray examination and Wassermann test should be made.

164. All diastolic murmurs, at apex or base, including presystolic murmurs, shall be considered evidence of valvular disease. The secondary signs should be sought for, viz, enlargement of one or both sides of the heart, alteration of the first or second sound, particularly a snapping first sound and accentuated pulmonic second sound in mitral disease, and the characteristic pulse of aortic insufficiency. In doubtful cases a definite history of rheumatic fever may be given weight. The exact diagnosis should be noted on the record.

165. It should be borne in mind that the characteristic presystolic murmur in certain cases of mitral stenosis may not be audible during rest. It is therefore important, in every doubtful case, that auscultation be made immediately after the exercise test and in both the erect and the recumbent positions. On the other hand, many cases of tachycardia or overacting heart present physical signs very suggestive of mitral stenosis (sharp, tapping apex beat, sharp, loud first sound, suggestion of apical thrill, etc.), and the diagnosis of mitral stenosis should not be made unless a distinct presystolic or diastolic murmur is heard.

XIX. GENERAL.

166. Registrants who on examination are found to present the following condition who are otherwise mentally and physically fit shall be **unconditionally accepted** for general military service:

(a) Malaria, acute or chronic.

167. Registrants who on examination are found to present the following remediable defects who are otherwise mentally and physically fit may be **conditionally accepted** for general military service in the deferred remediable group:

(a) Secondary anemia, due to hemorrhoids or any other remediable cause.

(b) Debility due to recent illness or to employment or environment in civil life.

168. Registrants who on examination are found to suffer from the following defects shall be **unconditionally rejected** for all military service:

(a) Pellagra.

(b) Leucemia of all clinical types.

(c) Progressive pernicious anemia.

(d) Splenic anemia.

(e) Hemophilia.

(f) Cancer.

(g) Tuberculosis.

(h) Irremediable metallic poisoning.

169. Registrants who are confined from injury or illness to their homes, hospitals, or other institutions for the care of the sick shall be examined and dealt with for the conditions or defects found, as indicated in Chapters III to XXI, inclusive.

XX. TEMPORARY DEFECTS.

170. Registrants who are confined from injury or illness to their homes or hospitals, or other institutions for the care of the sick and are found to suffer from temporary defects should be granted a reasonable delay for the purpose of completing the physical examination.

171. Registrants who are reported to the Local Boards or to the Medical Advisory Boards to be confined to their homes or to hospitals or institutions for the care of the sick because of contagious, communicable, or reportable diseases, should not be ordered to appear before Local Boards or Medical Advisory Boards until they shall have been discharged by health authorities having jurisdiction.

172. Registrants who are convalescent from diphtheria should not be inducted into military service until two negative cultures in succession shall have been obtained from the throat.

173. When Local Boards or Medical Advisory Boards are unable to command the facilities for making throat cultures of registrants recovering from diphtheria, the cultures may be sent by mail to the laboratories of the United States Public Health Service. When it is possible to do so, municipal and State health laboratories should be utilized in the same way.

XXI. NOTES ON MALINGERING.

174. Malingerers may be divided into three general groups:

(a) Real malingerers with nothing the matter with them, who injure themselves, or make allegations respecting diseases or such conditions as drug taking, or who counterfeit disease with full consciousness and responsibility; all for the purpose of evading military service. Many of these have been coached.

(b) Psychoneurotics, who are natural complainers and try to get out of every disagreeable thing in life. Perhaps only partially conscious of the nature or the seriousness of what they do and only partly responsible. In many the motives are not persistent and many can be made into good soldiers.

(c) Confirmed psychoneurotics with long history of nervous breakdowns and illnesses who behave like class (a), but more persistently, and from whom not much can be expected in the way of reconstruction.

175. The detection and management of medical cases depends upon the absence of positive findings in one who presents the general characteristics of the malingerer. There is especial need for the physical examination to be thorough in this group. Some of the cardiac cases at first regarded as malingerers were pronounced later by the cardiovascular board to have mitral stenosis, and similarly proper tests have shown the existence of gastric ulcer in cases which were under suspicion of fraud. The estimation of the reality of rheumatic pains is always a difficult matter.

176. *Surgical*.—Under this are included old scars and injuries of the bones, fractures, and orthopedic conditions.

NOTE.—For the detection of malingerers, in tests of vision and hearing, see paragraphs 26 to 33, inclusive, 39, and 40.

177. *Artificially created conditions*.—Men shoot or cut off their fingers or toes, practically always on the right side, to disqualify themselves for service. Sometimes they put their hands under cars for this purpose. Many men have their teeth pulled out. Retention of urine is simulated. Egg albumen is injected into the bladder or put in urine. Glucose is added to urine. Digitalis, thyroid gland preparations, and strophanthus are taken to cause disturbance of the heart and cantharides to cause albuminuria. The skin is irritated by various substances, which are also injected under it to create abscesses. Various substances are taken to bring about purging. An appearance of hemoptysis may be produced by adding blood, either human or that of animals, to the sputa. Sometimes merely coloring matter is added. Those who can vomit voluntarily what they swallow use the same means to create the appearance of hematemesis. Similarly coloring matters may be added to the stools. Mechanical and chemical irritants are made use of to cause inflammation about practically all the body orifices. Jaundice may be simulated by taking picric acid. Crutches, spectacles, trusses, strappings, etc., are made use of to create the appearance of disability.

178. *Detection*.—Wounds are rarely self-inflicted when witnesses are present, consequently it is almost impossible to be certain of the motive behind these. Artificial jaundice is to be recognized by the demonstration of picric acid in the urine.

179. *Bed wetting*.—A frequent complaint among registrants for military service but not a cause for rejection.

180. The surest means of detecting malingering is a thorough understanding by the examiner of the types of people who actually do it—and the way they behave. It is only in the feigned diseases of the eye and ear that special tests are required. Observation in hospital is necessary in difficult cases. The vast bulk of malingerers are those who exaggerate some actual defect, and the problem for the medical

examiner is to decide whether the defect complained of is sufficient cause for rejection for service. Persons of intelligence and education have more difficulty in deceiving, as they are bound to express themselves freely. If they are reticent in these matters they arouse suspicion by their reticence. Those who talk freely may be counted on to say things at variance with the existence of the disease of which they complain.

IMPORTANT NOTE.—Concerning action to be taken in cases of self-mutilation, or defects resulting from self-inflicted or purposely inflicted injuries, see note to section 128½ (page 62, herein).

NERVOUS AND MENTAL.

181. *Insanity.*—Rarely feigned by registrants and then of an extremely silly, foolish type. In cases of doubt, hospital observation is necessary with verified past records. Mental defects are frequently feigned, especially by illiterates. Organic diseases of the central nervous system can not be simulated.

182. *Pain and hyperesthesia.*—The most frequent of all complaints. History inconsistent, ordinary traces of suffering absent. Absence of other symptoms usually accompanying types of pain complained of. Absence of objective evidence of localized pains. Note behavior when the registrant believes himself unobserved.

183. *Anesthesia.*—Complaint of anesthesia itself creates a suspicion of malingering, as most patients with anesthesia are ignorant of it.

184. *Epilepsy.*—Men who have sustained head injury are very apt to claim fits. These complaints may be in reference to grand mal or petit mal. Petit mal attacks are spoken of as fainting attacks. In grand mal attacks there is loss of pupil response to light, knee jerks are lost, and the Babinsky reflex may be present.

185. *Hysteria.*—Not feigned in itself, but its existence creates confusion as to malingering. The question to be decided is whether the registrant is too seriously affected with the neurosis to be useful as a soldier. Often, even when the physical symptoms are most pronounced (paralysis), cure is still possible.

186. *Stiff backs.*—Stiff back is a frequent symptom of hysteria in the present mobilization among selected men. In cases of this kind organic disease of the vertebræ can and should be excluded, if necessary, by the X ray.

APPENDIX.

IMPORTANT SECTIONS OF THE SELECTIVE SERVICE REGULATIONS AND RULES OF PROCEDURE RELATING TO PHYSICAL EXAMINATIONS, AND PERTAINING TO MEDICAL EXAMINERS AND LOCAL, DISTRICT, AND MEDICAL ADVISORY BOARDS.

Section 25, S. S. R. Correspondence rules of the Office of the Provost Marshal General.

Rule A. Except as specifically provided in these Regulations, all communications intended for the Provost Marshal General concerning the execution of the selective service law within a State emanating from individuals within the State or from Local and District Boards or other officials engaged within any State in the execution of the selective service law must be directed to the Adjutant General of the State for reference to the Provost Marshal General. Correspondence sent in violation of this rule to the Office of the Provost Marshal General will be returned to the writer. * * *

Section 29, S. S. R. Governor to district State and appoint Medical Advisory Boards.

Each State shall be carefully districted with due regard to communication and hospital facilities for the erection of a number of Medical Advisory Boards computed with a view to the equitable and practical distribution of the work of reexamination as provided herein and to the convenience of registrants and economy to the Government in sending registrants before such boards.

To assist the governor in this work a member of the Officers' Reserve Corps of the Medical Department will be ordered to active duty to report to the governor for a sufficient time to accomplish this organization. The American Medical Association and the medical section of the Council of National Defense have also offered their services to governors in accomplishing this purpose. Members of medical advisory boards will be nominated by the governor and appointed by the President in accordance with instructions to be hereafter communicated to the governors.

NOTE 1.—Medical Advisory Boards in each State should be designated by numbers (consecutively, with no use of a general number and letters for divisions of counties and cities). Each Board should be notified of the number assigned it and should be required to use this number designation on all vouchers and receipts sent to the Office of the Provost Marshal General. (See circular letter Provost Marshal General's Office to Draft Executives, Apr. 18, 1918, in re Medical Advisory Boards.)

NOTE 2.—Appointments to and removals from Medical Advisory Boards can not be made without reference to the President through the Office of the Provost Marshal General. The Regulations require members of said Boards to be nominated by the governor and appointed by the President. (See circular letter, Provost Marshal General's Office, to Draft Executives, Apr. 18, 1918, in re Medical Advisory Boards.)

NOTE 3.—The medical aide to the governor should be the instrument of direct communication between the governor or his adjutant general and the Local Boards and Medical Advisory Boards in all matters concerning questions relating to that part of the Selective Service Regulations which pertains to the physical examination of registrants. (For information relating to powers and duties of medical aides, see circular letter, Provost Marshal General's Office, to Draft Executives, May 8, 1918, in re medical aides.)

Section 38, S. S. R. Organization and procedural rules of Local Boards.

Members of Local Boards shall take the oath prescribed in section 14 of these regulations.

A majority of each Local Board shall constitute a quorum for the transaction of business, and, except as provided in section 101, Rule XXVIII, and in section 123, a majority of those present at any meeting may decide any question before such board for decision. If, in the case of a board consisting of three members, any two members are unable to agree, the matter upon which they disagree shall be submitted to the board when all three members are present.

The board shall choose one of its members to be chairman and one to be secretary. If one member of the board is a licensed physician, he shall act as examining physician of the board. (See sec. 196.)

Local Boards may make rules of procedure not inconsistent with the selective-service law or with these Rules and Regulations.

For clerical organization of Local Boards, see sec. 43.

NOTE.—The question of physical qualification is to be decided by vote as any other question.

Section 42 (S. S. R.). Additional examining physicians.

In addition to the licensed physician who is a member of the board or if no licensed physician is a member of the board, the governor or the Local Board shall designate and appoint additional examining physicians, subject to removal by the governor at his pleasure, one, if the number of persons to be examined in any one day shall exceed 30; two, if the number of persons to be examined in one day shall exceed 60; three, if the number of persons to be examined in one day shall exceed 90, and others in like ratio.

It shall be the duty of persons thus designated to act as examining physicians of the Local Board for which they are designated, and they may be compensated at rates hereinafter prescribed. In addition to the number of physicians that may be thus designated and compensated under the above authority, volunteer physicians in any convenient number may be utilized for the examination of registrants upon appointment as aforesaid.

Examining physicians (unless actually appointed by the President *as members of boards*) are not to be considered as members of such boards. They should take the oath prescribed in section 14 of these regulations. They shall have no vote on any question to be decided by said board. Their report on the physical examination of a registrant is advisory only.

NOTE.—The services of volunteer dentists to aid in physical examination of registrants by Local Boards may be utilized, but they are not members of Local Boards and have no vote.

Section 43, S. S. R. Clerical assistance for State headquarters and for District, Local, and Medical Advisory Boards.

When authorized by the governor as prescribed in section 198 hereof, there may be engaged and compensated at the rates of pay prescribed in this section clerical assistance as follows:

* * * * *

(d) For Medical Advisory Boards:

1. One chief clerk.
2. One additional clerk.

The rate of compensation for a chief clerk shall not exceed the rate paid for similar service under local law, in no case to exceed \$100 per month.

The rate of compensation for additional clerks shall not exceed the rate paid for similar service under local law, in no case to exceed, for not more than one additional clerk of any District, Local, or Medical Advisory Board \$80 per month; for all other clerks in addition to the chief clerk and one additional clerk, \$60 per month.

Section 44, S. S. R. Medical Advisory Boards.

There have been provided in the various counties, cities, and other localities throughout the United States Medical Advisory Boards, who will examine registrants sent to them by Local Boards or State Adjutants General for examination, and will advise such Local Boards or State Adjutants General concerning the physical condition of such registrants. Upon the advice so obtained, Local Boards may proceed to a final determination concerning the physical qualifications of such registrants.

NOTE 1.—The personnel of the Medical Advisory Boards should be kept at all times as full as efficiency demands. Members of these Boards who hold commissions in the Medical Reserve Corps, when assigned by the Surgeon General to active duty, automatically cease to be members of the Boards. Vacancies on the Boards thus created may be filled as provided in section 29 of the Selective Service Regulations.

NOTE 2.—In those States and localities where it is impossible to organize an Advisory Board with a complete personnel of qualified specialists it is not expected that the Advisory Board will be able to carry out the complete directions for the physical examination of those registrants who require it. In this emergency the medical aid to the governor, with the latter's authorization, should make provision, if possible, for the registrant to be examined by competent specialists who may not be members of Advisory Boards, or recommend that such registrants be accepted by the Local Board and sent to the cantonment for reexamination. The Advisory Board should examine registrants at the established headquarters of the Board, which by preference should be a general hospital. In certain emergencies the registrant may be sent elsewhere for special examination, such as taking a roentgenogram, eye and ear tests, etc.

NOTE 3.—A dentist should be appointed as a member of every Medical Advisory Board wherever possible. Membership of Medical Advisory Boards is not limited as to number and dentists may be added to boards already appointed. (Telegram No. A 189.)

NOTE 4.—Men of military age may serve as associate members of Medical Advisory Boards at any time prior to induction into military service. (Telegram No. A 2070.)

Section 46, S. S. R. Duties of lawyers and physicians generally.

The selection and classification of men for military service is an undertaking that should be regarded as a systematized effort of the citizenry of the whole Nation organized and compacted to meet the present emergency. Every citizen has a duty to give his best endeavor to the success of this undertaking according to his qualifications and talents. All lawyers and physicians should regard it as their duty to identify themselves with the Advisory Boards provided for in sections 44 and 45, and freely and without compensation to give their best service to the Nation. It is inconsistent with this duty for lawyers to seek clients for the purpose of urging and advocating individual cases in any other way than as disinterested and impartial assistants of the selective service system.

Physicians will render a most valuable assistance by giving their services to Local Boards and to the Medical Advisory Boards provided in section 44 hereof.

Section 122, S. S. R. Physical examination.

Beginning on such date or dates as the Provost Marshal General shall hereafter fix for the beginning of the physical examination of all or any number or proportion of registrants, and after a registrant has been placed in Class I by a District Board (regardless of any appeal to the President in his case), or, if no appeal or claim is

It shall be the duty of persons thus designated to act as examining physicians of the Local Board for which they are designated, and they may be compensated at rates hereinafter prescribed. In addition to the number of physicians that may be thus designated and compensated under the above authority, volunteer physicians in any convenient number may be utilized for the examination of registrants upon appointment as aforesaid.

Examining physicians (unless actually appointed by the President *as members of boards*) are not to be considered as members of such boards. They should take the oath prescribed in section 14 of these regulations. They shall have no vote on any question to be decided by said board. Their report on the physical examination of a registrant is advisory only.

NOTE.—The services of volunteer dentists to aid in physical examination of registrants by Local Boards may be utilized, but they are not members of Local Boards and have no vote.

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* * * * *

(d) For Medical Advisory Boards:

1. One chief clerk.
2. One additional clerk.

The rate of compensation for a chief clerk shall not exceed the rate paid for similar service under local law, in no case to exceed \$100 per month.

The rate of compensation for additional clerks shall not exceed the rate paid for similar service under local law, in no case to exceed, for not more than one additional clerk of any District, Local, or Medical Advisory Board \$80 per month; for all other clerks in addition to the chief clerk and one additional clerk, \$60 per month.

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NOTE 1.—The personnel of the Medical Advisory Boards should be kept at all times as full as efficiency demands. Members of these Boards who hold commissions in the Medical Reserve Corps, when assigned by the Surgeon General to active duty, automatically cease to be members of the Boards. Vacancies on the Boards thus created may be filled as provided in section 29 of the Selective Service Regulations.

NOTE 2.—In those States and localities where it is impossible to organize an Advisory Board with a complete personnel of qualified specialists it is not expected that the Advisory Board will be able to carry out the complete directions for the physical examination of those registrants who require it. In this emergency the medical aid to the governor, with the latter's authorization, should make provision, if possible, for the registrant to be examined by competent specialists who may not be members of Advisory Boards, or recommend that such registrants be accepted by the Local Board and sent to the cantonment for reexamination. The Advisory Board should examine registrants at the established headquarters of the Board, which by preference should be a general hospital. In certain emergencies the registrant may be sent elsewhere for special examination, such as taking a roentgenogram, eye and ear tests, etc.

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Physicians will render a most valuable assistance by giving their services to Local Boards and to the Medical Advisory Boards provided in section 44 hereof.

Section 122, S. S. R. Physical examination.

Beginning on such date or dates as the Provost Marshal General shall hereafter fix for the beginning of the physical examination of all or any number or proportion of registrants, and after a registrant has been placed in Class I by a District Board (regardless of any appeal to the President in his case), or, if no appeal or claim is

made before the District Board, then after the lapsing of time for appeal from the placing of the registrant in Class I by the Local Board, the Local Board shall mail to the last known address of any registrant placed in Class I a notice (Form 1009) to appear for physical examination at a time and place to be designated in said notice (which time shall be five days from the date of the mailing of the notice), and shall enter the date of mailing of said notice in column 19 of the Classification List.

Upon appearance of the registrant he shall be examined as provided in Part VIII hereof, and the date of his examination shall be entered in column 20 of the Classification List. The examining physician shall immediately enter his report and recommendation in triplicate on the report of physical examination (Form 1010), shall then and there inform the registrant of his conclusion as to whether the registrant is qualified or disqualified for general military service or qualified for limited military service in some specified capacity, and shall forthwith submit his report to the Local Board.

If the registrant is not satisfied with such conclusion, he shall then and there record, in the place provided on Form 1010, a request to be sent before a Medical Advisory Board. Failure to make this request on the day the registrant is examined and informed of the examining physician's conclusion shall foreclose the right of the registrant to appeal the finding of the Local Board on the physical qualification of the registrant.

The same procedure as to physical examination provided in these regulations for registrants in Class I shall also apply to all registrants who have been placed in a class more deferred than Class I, so soon as the immediately preceding or earlier class has been exhausted by calls into the military service and not before, except as provided in sections 128, 149, and 150., , .

No affidavits or other documentary evidence concerning the present or past physical condition of a registrant shall be filed with a Local Board or Medical Advisory Board except such sworn statement of the registrant himself or of some other person as may be required by the Local Board or by the Medical Advisory Board.

NOTE 1.—Whether the examining physician of the Local Board is in doubt or not as to the physical qualification of a registrant for military service he shall nevertheless definitely report the registrant either as qualified or disqualified, and if he is in doubt as to such qualification or disqualification he may request to have the registrant sent before a Medical Advisory Board as prescribed in section 123.

NOTE 2.—In accordance with section 122 the Provost Marshal General hereby directs that immediately upon the mailing of notice of final classification to registrants who have been finally classified in Class I Local Boards shall send

to all such registrants notices to appear for physical examination, and shall proceed to physical examination without delay and continue to examine all registrants so soon as they have finally been placed in Class I until all registrants in Class I have been physically examined or until the Provost Marshal General shall issue orders to the contrary. (Tel. A. 639.)

NOTE 3.—Registrants in Classes II, III, and IV will not be physically examined except upon general order issued by the Provost Marshal General, or when special call is made for the induction into military service of registrants in such classes.

Section 123, S. S. R. Sending doubtful cases to a Medical Advisory Board.

If the examining physician is in doubt as to whether the registrant is to be held for military service, or if the examining physician finds the registrant to be qualified for military service and either the Government appeal agent, the registrant, or two members of the Local Board, are dissatisfied with such finding, such examining physician, Government appeal agent, members of the Local Board, or registrant may apply to the Local Board to have the registrant sent before the nearest Medical Advisory Board (provided in sections 29 and 44 hereof) for an exhaustive reexamination. Such application shall be made by entering it in the place provided in Form 1010. Thereupon the Local Board shall, unless it decides by unanimous vote that the case is one in which there is no room for reasonable doubt, immediately send the registrant before such Medical Advisory Board, forwarding to the Medical Advisory Board the examining physician's report (Form 1010) in triplicate and, where necessary, and when the registrant is not sent at his own request, furnishing the registrant with transportation and meal and lodging tickets for the time during which he will be before such Medical Advisory Board, in no case to exceed three days.

If the registrant is held to be physically disqualified by the examining physician, the Local Board shall, unless it decides by unanimous vote that the disqualification is so obvious as to leave no room for reasonable doubt, send the registrant before such Medical Advisory Board in the manner just provided.

Upon reference of a case from a Local Board as just provided, the Medical Advisory Board shall examine the registrant, record its findings in triplicate on Form 1010, and return all three copies of Form 1010 to the Local Board, with the conclusion and recommendation in the case.

Section 124, S. S. R. Finding by Local Board as to physical qualification.

Upon receipt of the report and recommendation of the Medical Advisory Board as provided in section 123, or, if the case has not been sent to the Medical Advisory Board, then upon the receipt of the report of the examining physician, the Local Board shall make its decision as to the physical qualification of the registrant. If the registrant is found physically disqualified for general military serv-

ice, the Local Board shall cancel the cross mark (X) or cipher (0) which has already been entered in a classification column by drawing a red-ink line through such cross mark or cipher and shall enter the classification of the registrant in Class V, column 12. If the registrant is found, in accordance with section 122 hereof, to be physically disqualified for general military service, but qualified to perform special and limited military service, his place in the classification column shall not be changed, but the Local Board shall, with red ink, inscribe a bold circle around the cross mark (X) or cipher (0) in such classification column. (See sec. 188, Part VIII.)

While men found disqualified for general military service but qualified for special and limited military service are not placed in Class V, they are subject to induction into military service only when a special or specific call for men disqualified for general military service and qualified for special military service only is made.

If the finding of the Local Board is not in accord with the recommendation of the Medical Advisory Board, the Local Board shall make a special report to the District Board of its reason for rejecting the recommendation of the Medical Advisory Board.

The Local Board shall, on the day of its decision as to the physical qualification of any registrant, mail to such registrant a notice (Form 1011) of the result of such decision and shall enter the date of such mailing in column 21 of the Classification List (Form 1000).

NOTE.—See section 1284 S. S. R. (below) concerning “deferred remediable group.”

Section 125, S. S. R. Appeal from finding of Local Board as to physical qualifications.

Within five days after the date of the notice prescribed in section 124 any registrant may make a claim of appeal to the District Board from the finding of the Local Board as to his physical qualification for military service. Claim of appeal shall be made by entering the claim in the place provided for that purpose on all three copies of the physical examination report (Form 1010). No registrant may make a claim of appeal unless, upon being notified of the examining physician's finding as to his physical qualification, as prescribed in section 122, and before final decision by the Local Board, such registrant shall have entered an application to be sent before a Medical Advisory Board, as provided in section 122. The Government appeal agent may make a claim of appeal on behalf of the United States at any time, but ordinarily he shall not do so when the decision of the Local Board follows the recommendation of the Medical Advisory Board. He shall always do so when such is not the case.

Immediately upon filing of an appeal from the decision of the Local Board as to physical qualification, the Local Board shall transmit to the District Board all three copies of the record of physical

examination (Form 1010) in the case, together with any additional evidence as to physical qualification which may have been submitted to the Local Board, and shall enter the date of forwarding such record in column 22 of the Classification List and in the place provided on the Cover Sheet.

NOTE.—The entry of the registrant on the Questionnaire of a claim of physical disqualification is not to be construed as a claim from which an appeal lies to the District Board from the refusal of the Local Board to classify the registrant in Class V (g). Appeals from classification on physical grounds may be made as provided in sections 122 to 128, inclusive, and not otherwise. (See Tel. A 2142.)

Section 126, S. S. R. Action by District Board upon appeal as to physical qualification.

In considering a case appealed on the ground of physical qualification, the District Board shall neither conduct any new physical examination nor shall it receive or consider any evidence which was not considered by the Local Board, but shall, upon consideration of the record sent to it as prescribed in section 125, either affirm, modify, or reverse the decision of the Local Board and promptly enter its finding on all three copies of Form 1010, and immediately return the same to the Local Board.

NOTE.—Attention of District Boards is invited to the fact that registrants appealing the result of their physical examination have already been twice examined, one of which examinations was the most thorough that could reasonably be provided in the community, and that before induction into military service they will again be exhaustively examined at a mobilization camp.

Section 127, S. S. R. Procedure of Local Board on return of physical examination record from District Board.

If the action of the District Board on appeal as to physical qualification changes or affects the classification of the registrant, the Local Board shall make the necessary changes in the Classification List. Whether the action of the District Board changes or affects the Classification by the Local Board or not, the Local Board shall mail to the registrant a notice (Form 1011) of the result of the decision by the District Board, and shall enter the date of mailing of such notice in column 23 of the Classification List.

Section 128, S. S. R. Physical examination of persons not in Class I.

Local Boards may, upon the application of registrants in Classes II, III, or IV, examine such registrants physically, pass upon their physical qualifications and, if they are found to be permanently disqualified, to classify them in Class V. This is not a right of the registrant, but it is a privilege that may be accorded by the Local Board where the according of the privilege will not interfere with the prompt and orderly execution of the Selective Service Law.

Section 1284, S. S. R. Grouping of registrants.

The Regulations governing physical examinations by Local Boards prescribe a standard of unconditional acceptance and a standard of unconditional rejection. Certain cases found, upon physical examination by a Local Board, falling between these two standards are to be referred by the Local Board to the Medical Advisory Board in the same manner as other cases that are required by these regulations so to be referred. Cases so referred as falling between these two standards, and cases referred to Medical Advisory Boards under other provisions of these regulations, shall be examined by the Medical Advisory Boards, who shall advise the Local Boards to:

A. Accept the registrant as physically qualified for general military service; or

B. Accept the registrant as physically qualified for general military service when cured of —— (naming remediable defect for which acceptance is authorized); or

C. Accept the registrant as physically qualified for special or limited military service in a named occupation or capacity; or

D. Reject the registrant;
and shall record their finding in the proper spaces provided on Form 1010.

Medical Advisory Boards shall find a registrant physically qualified for general military service (Rule A above) only when he falls within the standard of unconditional acceptance as prescribed in sections 182 to 188, inclusive, as further explained and amplified by the Standards of Physical Examination, including cases of slight remediable defects not included under foregoing Rule B.

Medical Advisory Boards shall find a registrant physically qualified for general military service when cured of a remediable defect (Rule B above) only in those cases when such acceptance is specifically authorized; namely, when a registrant is found to fall within the "Deferred remediable group."

When a Medical Advisory Board determines that a registrant should be accepted for general military service when cured of such remediable defects (Rule B above) the Medical Advisory Board shall insert in ink in the space provided on page 2 of Form 1010, under the general heading "Physical examination by Medical Advisory Board," and following the words "Physically qualified for general military service," the words "when cured of -----," followed by the name or diagnosis of the remediable defect, which name or diagnosis is to be followed by a circle in black ink. Upon return to the Local Board of the record (Form 1010) in such a case, and if the finding of the Medical Advisory Board is confirmed by the Local Board, the registrant's place in the classification column shall not be changed, but the Local Board shall, with black ink, inscribe a bold circle around the

cross mark (X) or cipher (0) in such classification column; and such registrant shall be inducted into military service, after his order number is reached, and only at such time as may be designated by the Surgeon General of the Army, on order issued by the Provost Marshal General's office, and shall be sent to cantonment base hospital, reconstruction camp, or civic general hospital as may be determined by the Surgeon General.

Registrants shall be found by Medical Advisory Boards as "physically qualified for special or limited military service" (Rule C above) only in those cases described in the Standards of Physical Examination, and in such cases the Medical Advisory Boards shall designate the occupation or class of service for which such persons are physically qualified in the space provided on page 2 under the general heading "Physical examination by Medical Advisory Board" (Form 1010 P. M. G. O.), after the words "physically qualified for special or limited military service as" ———. If such finding is confirmed by the Local Board the same shall be indicated on the Classification List as provided by section 124.

Registrants shall be found by Medical Advisory Boards as physically deficient and not physically qualified for military service (Rule D above) only when they fall within the standards of unconditional rejections as prescribed in sections 182 to 188, inclusive, as further explained and amplified by the Standards of Physical Examination.

When a Medical Advisory Board delays the examination of a registrant on account of temporary defects it must return to the proper Local Board Form 1010 with a statement attached thereto (but not written thereon) stating the reason for delay, and fixing a definite period of time within which the registrant shall be sent back to it. At the end of said period, or earlier, if it believes the temporary defect is removed, the Local Board shall send the registrant back to the Medical Advisory Board, unless the Local Board believes that the examination should be further delayed, in which event it shall report the facts upon which its belief is based to the Medical Advisory Board and request its instructions.

Local Boards may accept a registrant as physically qualified for special or limited military service in a named occupation or capacity without reference to the Medical Advisory Board.

NOTE.—The foregoing regulations, quoted from the Selective Service Regulations, clearly indicate the four groups into which registrants should be grouped by Local, District, and Medical Advisory Boards as a result of the physical examinations in accordance with the Manual of Standards of Physical Examination.

In other words, Group A shall contain registrants found to be qualified for general military service within the standards of unconditional acceptance, including registrants with slight remediable defects; for example, a registrant who, under examination of the nose, is found to have "Benign growth of any

kind, nasal polyp, hypertrophy of the mucous membrane, benign superficial ulcerations, deviation of the septum."

Registrants with such slight remediable defects shall be held physically qualified for general military service, the defects to be remedied after the registrant enters the cantonment (if not remedied pending orders).

All registrants coming within the foregoing definition and as specifically indicated in the instructions in the Manual are to be included in Group A and reported as physically qualified for general military service in the place indicated on Form 1010.

Group B shall contain registrants who are found to be physically qualified for general military service when cured of some remediable defect, which is of such a character that it must be remedied or cured before the registrant can be ordered into service.

Group C shall contain registrants who are found not to be within the standard of unconditional acceptance on account of defects which are not remediable, nor sufficiently incapacitating to bring them within the condition of unconditional rejection. This is the group of registrants who may be found to be qualified for special or limited military service.

Group D shall contain all registrants coming within the standards of unconditional rejection and includes all cases not included in Groups A, B, and C. Such registrants must be reported on Form 1010 as "Physically deficient and not physically qualified for military service by reason of _____" (the reason for the disqualification to be stated in the blank provided).

In arriving at their decisions concerning the physical qualifications of registrants, Medical Advisory Boards must be governed, as to the grouping of registrants, by the specific instructions contained in this Manual.

IMPORTANT NOTE.—Whenever it shall appear to a Local Board or to a Medical Advisory Board that a registrant is suffering from self-inflicted or purposely caused physical defects which, under the Standards of Physical Examinations would render him disqualified for military service of any kind, a full statement of the facts and of the condition of the registrant and of the Board's recommendation shall be prepared and attached to Form 1010, and one copy of Form 1010, with such statement attached, shall immediately be sent by the Local Board to the Adjutant of the State to be transmitted to the Provost Marshal General in order that the case may be submitted to the Surgeon General and The Adjutant General of the Army for a waiver of the physical defects, if recommended, so that the registrant may be compelled to render military service.

Section 137, S. S. R. Delinquents reporting to Adjutant General of the State within five days after induction into military service.

If the delinquent reports to the Adjutant General of the State within five days after the date set for induction into military service, such Adjutant General shall order him to report to the nearest Medical Advisory Board or to any examining physician of a Local Board for physical examination, and shall defer reporting him to The Adjutant General of the Army until the result of such examination is known. The Medical Advisory Board or such examining physician shall forthwith examine him and report the result (Form 1010) to the Adjutant General of the State. If the delinquent is

found qualified for military service, he shall be ordered by the Adjutant General (Form 1019) to report forthwith to his Local Board for military duty and immediate transportation to a mobilization camp. Where it is impracticable to order the delinquent to report to his own Local Board, he may be ordered to report to another Local Board, whereupon the Adjutant General shall notify the delinquent's Local Board of the order and the case shall thereafter be treated as prescribed in section 148.

No report is necessary to The Adjutant General of the Army in this case, but the Adjutant General of the State shall make a full report of all circumstances of the case in a letter addressed to the commanding officer of the mobilization camp, but sent to the delinquent's Local Board, together with the order of induction into military service (Form 1014), the order to report to such Local Board for military duty, and three copies of the report of the Medical Advisory Board or examining physician (Form 1010). The Local Board shall forthwith send the man to the mobilization camp in the usual manner, inclosing with Form 1029 the special report of the Adjutant General of the State, the order of induction into military service (Form 1014), the order to report to the Local Board for military duty (Form 1019), the report of the Medical Advisory Board in duplicate, and a copy of the delinquent's registration card in duplicate.

If the delinquent is found to be disqualified for military service, the Adjutant General of the State shall report the case to the commanding officer of the mobilization camp direct, by letter, inclosing copies of the order of induction into military service (Form 1014) and the report of the Medical Advisory Board or examining physician. Such commanding officer shall, in his discretion, forthwith order the delinquent discharged from military service or shall order him before a court-martial, as the interests of the service may require.

Section 141, S. S. R. Transfer of physical examination.

A registrant who is so far distant from his home when called to report to his Local Board for physical examination, or when his physical examination is imminent, as to make it a hardship for him to report may, at his own expense, request of his Local Board, by mail or telegram, permission to be examined by the Local Board to which he is nearest (naming it). Upon receipt of such a request, the Local Board of origin shall mail to the registrant an order to report to such Local Board of transfer for physical examination (using Form 1022, but making the necessary correction thereon), and to the Local Board of transfer a request that he be so examined (using Form 1022 A). Thereupon the Local Board of transfer shall physically examine the registrant, and thereafter the procedure in regard to the registrant whose physical examination has so been transferred

shall be the same as if he were originally a registrant of the Local Board of transfer. After all such procedure is completed, the Local Board of transfer shall return to the Local Board of origin all three copies of Form 1010 with a report of its finding and the report, if any, of the Medical Advisory Board, and the report, if any, of the finding of the District Board of the jurisdiction of transfer.

Section 142, S. S. R. Physical examination of persons residing abroad.

Either before or upon receiving a notice to report for physical examination a registrant residing in a foreign country in a place too far for exacting a journey to the United States may, at his own expense, apply by mail, cable, or telegram to be physically examined by a near-by physician to be appointed by the American consul to make the examination. Thereupon the Local Board should forward to the applicant four copies of Form 1010 and a copy of these Regulations. Upon receipt thereof the applicant shall present himself to the consul. The consul shall appoint a competent physician to make the examination and shall indorse the appointment upon the face of three copies of Form 1010. Thereupon, the examination shall be made, and the consul shall return the report of physical examination, in triplicate, to the Local Board. Upon receipt of such report, the Local Board may proceed to a decision as to the physical qualification of the registrant.

The foregoing rule does not apply to the places adjacent to the United States reasonably accessible. In such cases the registrant should return to his Local Board, or apply for a transfer of physical examination to a Local Board in the United States under the provisions of section 141.

Section 143, S. S. R. Physical examination of mariners actually employed on the Great Lakes.

A mariner employed on the Great Lakes may apply to the Local Board which has called him to have his physical examination made by any board hereinafter named, and upon such application his Local Board may issue an order designating any Local Board having jurisdiction in any of the following cities or towns or any division thereof to make such physical examination: Buffalo, N. Y.; Erie, Pa.; Conneaut, Ashtabula, Fairport, Painesville, Cleveland, Lorain, Huron, Toledo, and Sandusky, Ohio; Detroit, Marquette, and Escanaba, Mich.; Ashland, Superior, Sheboygan, and Milwaukee, Wis.; Duluth and Two Harbors, Minn.; Chicago, Ill.; Gary, Ind.

The order should state that any Local Board having jurisdiction in any of the above cities or any division thereof may make the examination instead of stating that any particular board may make the examination.

Section 177, S. S. R. Disposition of men rejected or discharged from military service at a military camp or station.

When any selected man is rejected at a military camp or station, the commanding officer thereof will promptly notify his Local Board of the fact, specific cause, and date of rejection, using Form 1029 A, and the Provost Marshal General using Form 1029 B. When any selected man is, subsequent to acceptance, discharged at a military camp or station, the commanding officer thereof shall similarly notify the Local Board (Form 1029 C) and the Provost Marshal General (Form 1029 D).

If the rejection or discharge is on account of the fact that the registrant is an alien, or an alien enemy, or upon the request of the accredited diplomatic representative of the country of which the registrant is a citizen, or that he is physically disqualified for general military service, the Local Board shall place the registrant forthwith in Class V. If the discharge or rejection is on account of dependency or any other cause for deferred classification prescribed by these regulations, the Local Board shall proceed to reclassify the registrant in accordance with his status, as determined by the action of the military authorities in discharging him.

NOTE 1.—Section 177 is necessarily modified by the new grouping, also by new standards of physical examination, and should be applied in connection with Sections 116, 117, 118, and 120 of the Selective Service Regulations.

NOTE 2.—Where the Form 1029 C shows that the reason for the discharge of the registrant was *physical disqualifications*, which, under the new physical examination requirements, *unfit him for any military service*, the Local Board, under section 177, shall place the registrant forthwith in Class V.

NOTE 3.—Where Form 1029 C shows grounds for discharge to be *physical disqualification for general military service*, but defects which might place him in the deferred remediable group or leave him fit for special or limited military service, the Local Board should proceed to reclassify the registrant in accordance therewith, and if he is placed in Class I, the board should proceed to reexamine the registrant under the new standards of physical examination and to classify such registrant in accordance with such physical examination.

NOTE 4.—Local Boards are authorized under sections 116, 117, 118, and 120, on their own motion, to reclassify registrants. Local Boards should keep advised with respect to any change in the physical conditions of discharged registrants which removes the physical disability, and have full authority if a change of status of this nature occurs, to reclassify the registrant, placing him in Class I, and order that he be reexamined.

Section 182, S. S. R. Preliminary statement.

In view of the contemplation of a further investigation and classification of registrants physically qualified for special and limited military service who have not the physical qualifications for general military service, and in view of the decision to accept some registrants for general military service with remediable defects, who are otherwise physically and mentally qualified for military service, the following new regulations for the physical examination of registrants by the physician on the Local Board becomes necessary:

Local Boards can accept registrants for general military service only when they come within the standards for unconditional acceptance with or without remediable defects.

Local Boards can reject registrants for general military service only when the registrant comes within the standards of unconditional rejection.

Local Boards may accept registrants for special and limited military service; but must refer all doubtful and remediable cases to the Medical Advisory Board.

Physicians on the Local Board are not required to make a complete examination of every registrant. The moment the physician on the Local Board finds a mental or a physical defect placing the registrant within the standards of unconditional rejection the physician on the Local Board shall indicate this in Form 1010, section 282, page 156, after "physically deficient and not physically qualified for military service by reason of" in the space following write the disqualifying defect.

In all other cases the Local Board shall make a complete examination of registrants; and, when the physician on the Local Board finds a defect which does not come within the standards of unconditional rejection but does take the registrant out of the class within the standards of unconditional acceptance, he shall proceed to make a complete examination and will then refer the registrant to the Medical Advisory Board, reporting the result of the complete examination, including a report of the defect or defects, on Form 1010. (Sec. 282, S. S. R.)

Registrants can not be declared physically qualified for general military service (see Form 1010, sec. 282, S. S. R.) until the complete examination has been made by the physician on the Local Board, with the finding that the candidate comes in every instance within the standards of unconditional acceptance with or without remediable defect. Then, it is so noted and recorded on Form 1010 (sec. 282, S. S. R.), and if there is a remediable defect, this is also recorded after "physically qualified for general military service."

Section 186, S. S. R. Degree of deficiency for disqualification.

In these regulations the standards for unconditional rejection which places the registrant in the class physically deficient and not physically qualified for military service are clearly defined. When the Local Board is in any doubt, the registrant should be referred to the Medical Advisory Board. The attention of Local Boards and examining physicians is called to paragraph 3 of section 123, page 64, after the side heading, "Where held disqualified," which is as follows:

If the registrant is held to be physically disqualified by the examining physician, the Local Board shall, unless it decides by unanimous vote that

the disqualification is so obvious as to leave no room for reasonable doubt, send the registrant before such Medical Advisory Board in the manner just provided.

This shows that there must be a unanimous vote of the Local Board to disqualify the registrant, and the disqualification must be so obvious as to leave no room for reasonable doubt.

The object of this ruling has already been given.

Section 187, S. S. R. Temporary defects.

Registrants confined to their homes or hospitals, or who present themselves with some temporary defect, the result of an acute disease, injury, or operation, or who are waiting for operation, should be granted a reasonable delay for completing the physical examination.

All of these cases should be thoroughly investigated by the physician on the Local Board.

Registrants with contagious, communicable, reportable diseases should not be ordered before the Local Board for examination until they are discharged by the boards of health.

Registrants recovering from diphtheria should not be ordered to the cantonments until two negative cultures have been obtained from the throat. In localities where there is no provision for this bacteriological work, consult the Medical Advisory Board.

Section 188, S. S. R. Special and limited military service.

In view of the importance of a thorough investigation and classification of registrants belonging to this group, Local Boards are required to refer all of such registrants to the Medical Advisory Board.

The physician on the Local Board is urged to consult with the Medical Advisory Board about this group and familiarize himself with the specific regulations and information soon to be given to the Medical Advisory Board concerning special and limited military service.

Section 190, S. S. R. Examining physicians—Rate of pay.

It is the duty of any physician who is a member of a Local Board to make physical examinations, and additional examining physicians should be compensated only where acceptable gratuitous service can not be obtained, and where, in accordance with section 42, the compensation of an examining physician in addition to the physician member of the Board is authorized.

Physician members of Local Boards and examining physicians not members of Local Boards may receive compensation at the rate of \$1 per hour for each hour that they are actually present at the office of the Board and fully engaged in the duties of making physical examinations, but not in any case to exceed \$7.50 for any single day or \$150 for any single month.

Section 197, S. S. R. Allowance of clerical assistance to be regarded as a maximum.

The allowances of clerical assistance and compensation thereof as prescribed in section 43 should be regarded as maximum limits, and

every effort should be made by all concerned in the execution of the selective-service law to keep the expenses of the Government in the emergency down to the absolute minimum consistent with efficient service. Uncompensated and volunteer service should be encouraged and accepted. The great task of segregating and classifying registrants may be made very much easier for members of Local and District Boards if clerical assistance is utilized to the fullest extent in preparing and segregating Questionnaires for the consideration of the Board. Much of this preliminary work can be done by volunteer clerical assistance in the evening, and every encouragement should be extended to patriotic citizens, women as well as men, to assist in this work.

Section 198, S. S. R. Authority for civilian clerical assistants.

The form of authorization required to be made by the governor of the State before a claim for salary of a civilian clerk for a Local or District or Medical Advisory Board, or for State headquarters, may be paid will be found in section 306 but no printed forms will be furnished. The governors shall not authorize any allowances or compensation in excess of the allowances and compensation fixed in section 43, nor in excess of that authorized by the law of the State, or that usually paid for similar services in the State. The number of the authorization should be entered in the place provided on every voucher on which a salary is paid.

This authorization will be made in triplicate. One copy will be sent to the Board or office, one copy will be sent to the disbursing officer and agent for the State, and the original will be sent to the Provost Marshal General. The original only is required to be signed.

Section 200, S. S. R. Travel.

The Provost Marshal General and, when authorized by the Provost Marshal General, the governors of the several States may direct any person to travel when such travel is necessary in the execution of the selective-service law. District Boards by resolution of the Board may direct members and employees of the Board to travel when such travel is necessary in the execution of the selective-service law.

Travel must, when such means of transportation is available or less expensive, be performed by common carrier.

When travel is performed in compliance with orders issued as authorized in this section, cost of transportation and Pullman accommodations over the shortest usually traveled route will be allowed and payment may be made of a per diem of \$4 in lieu of subsistence while traveling, and while the person ordered to travel is required by duty to be absent on duty from the city in which such person resides.

When travel includes fractional parts of a day, the allowance for such fractional parts shall be \$1 for each six hours or major fractional part thereof.

Section 201, S. S. R. Travel orders.

All orders for travel must state that the travel is necessary in the public service and in the execution of the selective-service law.

The proper forms for travel orders will be found in sections 307 and 308, but no printed forms will be furnished.

Section 202, S. S. R. Certain officers and agents for whom no compensation is provided.

The service of members of Medical Advisory Boards, prescribed in section 29, of members of Legal Advisory Boards prescribed in section 30, and of the Government appeal agents, prescribed in section 47, shall be uncompensated.

Section 204, S. S. R. Clerical assistance.

Clerical assistance for the division of the Office of the Adjutant General or other administrative department at State headquarters and of District, Medical Advisory, and Local Boards shall be procured and compensated as prescribed in section 43 of these regulations.

Section 208, S. S. R. General expenses.

The Provost Marshal General may authorize such lawful expenditures as he may deem necessary in the execution of the selective-service law.

Section 215, S. S. R. Traveling expenses.

Payment for traveling expenses will be made on War Department Form No. 350A, on which all blank spaces below the words "The United States, To " will be filled in down to the check notation. Each voucher shall be accompanied by a copy of the order of the Provost Marshal General or governor, or of the resolution of the District Board directing the travel, which resolution shall contain a statement that the travel directed is necessary in the public service and in the execution of the selective-service law; and a statement showing the following data:

Means of transportation.

Time of departure from permanent station.

Time of arrival at temporary station.

Time of departure from temporary station.

Time of arrival at permanent station.

If transportation other than common carrier is used, a certificate should be attached showing the fact that common carrier was not available or was more expensive, the distance traveled, and the fact that the amount claimed is that usually charged for similar services in the same locality.

RULES OF PROCEDURE FOR MEDICAL ADVISORY BOARDS.

(1) Read carefully the Selective Service Regulations (S. S. R.), particularly the following sections: 25, 29, 43 (d), 44, 46, 122 to 128½, 137, 141, 182 to 188, 197, 198, 200, 201, 203, 204, 208, and 215. For ready reference all of these sections are reprinted in this appendix.

(2) Medical Advisory Boards shall consist of three or more physicians. The number of Medical Advisory Boards and the membership of existing boards may be increased as necessity may indicate. (See sec. 29, S. S. R.) When a Medical Advisory Board believes that other boards should be created, or additional members added to existing boards, it should recommend the same to the governor.

(3) Each board should select one member as chairman, one as vice chairman, and one as secretary. Additional vice chairmen may be selected.

(4) Request to the governor for authority to employ clerical assistance and incur other expenses should be made only when absolutely necessary. Do not incur any expense until authorized by the governor. See sections 43 (d), 198, 204, and 208, S. S. R. Stationery will be supplied by the Adjutant General.

(5) No communications concerning the business of Medical Advisory Boards should be addressed to any department or official in Washington. Except for their communications with Local Boards, Medical Advisory Boards must address all official communications of every character, whether reports, recommendations, or requests for instructions or for interpretations to the Adjutant General of the State, who will either respond thereto or transmit the same to the proper authority.

(6) Select a place as headquarters of the board where sessions may be held and physical examinations conducted. Select preferably a hospital or similar institution, where proper and careful examinations can be made. It ought not to be necessary to pay rental for such headquarters; but in the event that no free quarters can be obtained, application must be made through the Adjutant General of the State to the governor for authority to incur expense for rent. All physical examinations and every part thereof should be conducted at headquarters of the board, unless it should be necessary to resort to some other place for the use of apparatus which is not otherwise available. See Preliminary Statement in this Manual. Sessions of the board should be held at stated hours and as frequently as necessity demands—daily, if necessary.

(7) A majority of the board will constitute a quorum, except in cases of boards consisting of ten or more members, in which cases five members shall constitute a quorum. The board shall decide

all disputed questions by vote. The chairman need not vote except to break a tie.

(8) It shall not be necessary for all or a majority of a board to be present at or participate in the examination of a registrant, but one or more members may be appointed as a subcommittee to make an examination and shall report to the board, who may pass on the report or may make or require a further examination.

(9) If clerks are employed they are to be on duty at place of meeting daily, except Sundays and legal holidays, from 9 a. m. to 5 p. m., and shall keep all records and conduct all correspondence under the direction of the board.

(10) Any member of the board can sign Form 1010, reporting the result of physical examination by the Medical Advisory Board, designating the signer as follows: "Chairman," "vice chairman," "secretary," or "member."

(11) Form 1010 when completed by the Medical Advisory Board will be returned in triplicate to the Local Board by which issued. If registrant has been examined at the request of the Adjutant General, Form 1010 when completed by the Medical Advisory Board shall be returned in triplicate to the Adjutant General. (See sec. 137, S. S. R.)

(12) No permanent record is required to be kept by Medical Advisory Boards except a minute book and a list of registrants whose examination is temporarily delayed on account of temporary defects, as provided in this Manual. The Medical Advisory Board shall keep a minute book, using the following or substantially equivalent form, which is not supplied but must be written or typewritten, and kept in the possession of the board until order from the Provost Marshal General.

Date of meeting	Convened	M.	Adjourned	M.
	Present (members of board).		Arrived.	Left.

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BUSINESS TRANSACTIONS.

Number of cases referred by the Local Board

Number finally acted on

Number of cases referred by registrar or Appeal Agent

Number finally acted on

Number of cases referred by The Adjutant General

Number finally acted on

Number of cases transferred from Local Boards

Number finally acted on

(13) Medical Advisory Boards must conduct all their proceedings in strict accordance with the Standards of Physical Examinations and the Selective Service Regulations, and at the headquarters of the board.

(14) No physical examination, nor any part thereof, shall be conducted elsewhere (and especially not at the private office of a member of the board) except in case of absolute necessity and for the purpose of utilizing apparatus which is not available elsewhere.

(15) Applications for authority to incur clerical and all other expenses (including such expenses as payment for materials in X-ray work, etc.) must be made, before the expense is incurred, to the governor. (See secs. 43 (d), 198, 204, and 208, S. S. R.)

(16) All inquiries, requests for interpretations, reports, and communications of every character (except those with Local Boards) must be addressed to the governor or State Adjutant General, either directly or through the medical aide to the governor. When necessary such communications will be forwarded through proper channels to the Surgeon General, or the office of the Provost Marshal General. (See sec. 25, S. S. R.)

(17) Definite and explicit instructions with respect to headquarters, expenses, correspondence, and standards of examinations will be found in the text of the Standards of Physical Examination and the Selective Service Regulations.

(18) In arriving at their decisions concerning the physical qualifications of registrants, Medical Advisory Boards must be governed, as to the grouping of registrants, by the specific instructions contained in the Standards of Physical Examination.

(19) Registrants referred to the Advisory Board who present themselves with some temporary defect, the result of a recent acute disease, injury, or operation, the Local Board should be advised to grant a reasonable time for recovery before the final examination by the Medical Advisory Board is made.

(20) When Local or Advisory Boards can not command the facilities at the hospital headquarters for making throat cultures of registrants recovering from an attack of diphtheria as directed in section 187 in the Regulations for Local Boards, the cultures from the throats of such registrants may be sent by mail to the laboratories of the United States Public Health Service. When possible municipal and State health laboratories should be utilized in the same way.

(21) The Medical Advisory Board may employ section 187, S. S. R., "Temporary Defects," when they desire to grant the registrant a reasonable delay for completing the physical examination when it is difficult or impossible to come to a definite conclusion when the registrant first presents himself to the Medical Advisory Board.

(22) Medical Advisory Boards in those districts in which the registrants must be sent to them from a distance should suggest to their Local Boards to hold registrants under section 187, S. S. R., for a reasonable time and not to send them to the Medical Advisory Board until the examination can be completed within at most three days. If possible, the examination should always be completed within one day.

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FORM 75
(SECOND EDITION)

STANDARDS OF PHYSICAL EXAMINATION

FOR THE USE OF
LOCAL BOARDS, DISTRICT BOARDS, AND MEDICAL
ADVISORY BOARDS UNDER THE SELECTIVE-SERVICE
REGULATIONS

PRESCRIBED BY THE PRESIDENT UNDER THE AUTHORITY VESTED IN HIM
BY THE TERMS OF THE SELECTIVE-SERVICE LAW

ISSUED THROUGH THE
OFFICE OF THE PROVOST MARSHAL GENERAL



WASHINGTON
GOVERNMENT PRINTING OFFICE
1918

WAR DEPARTMENT,

Washington, September 27, 1918.

Under authority vested in him by the act of Congress of May, 18, 1917, and the public resolutions and acts amendatory thereof, the President of the United States prescribes the following Rules and Regulations (in this the second edition of the Standards of Physical Examination) for the government of Local Boards, District Boards, and Medical Advisory Boards, and directs that they be published for the government of all concerned, and that they be strictly observed.

B. CROWELL,

Acting Secretary of War.

(2)

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IMPORTANT PREFATORY NOTICE.

This second edition of Standards of Physical Examination, P.M. G. O. Form 75, supersedes the first edition published June 5, 1918, and the use of the latter must be abandoned at once and all copies destroyed except a sufficient number to complete the permanent reference files at State Headquarters and Local and District Boards.

This edition should be carefully studied for observation of

IMPORTANT CHANGES.

1. In the procedural rules (Selective Service Regulations, second edition, see appendix hereof) a registrant no longer has the right or privilege of applying to be sent to a Medical Advisory Board; nor need a registrant, sent by a Local Board to a Medical Advisory Board, be sent to or examined by the entire Medical Advisory Board, but may be sent to and examined by any member or members thereof designated by the Local Board.

2. The changes in the Physical Standards proper are few, and have been adopted mainly for the purpose of making available the greater number of registrants having remediable defects (Group B) by transferring them to Group C for special or limited service. When inducted and accepted at camps, the defects may be corrected when convenient; meanwhile, the Army will have the benefit of the services of these men.

3. Registrants who have heretofore, upon examination, fallen into Group B (the deferred remediable group) but who now, under the revised Form 75, have physical defects placing them in Group C (as physically qualified for special or limited military service), should at once be reviewed, reexamined if necessary, and recorded in Group C, subject to call for special or limited military service.

4. The next most important change is that which cites certain variations from Army physical standards in the assignment of inducted men to the Navy and the Marine Corps.

5. Attention is called particularly to the following sections:

Section 4 (group changes).

Section 5 (Navy and Marine Corps standards).

Section 14 (prohibiting office examinations for Local Boards).

Section 20, last paragraph (eye examinations for Navy).

Sections 22, 43, 54, 72, 73, 74, 75, 87, 100, 101, 102 (transfers of certain disabilities from one physical group to another).

Section 171 (induction of malingerers).

Appendix (Selective Service Regulations, second edition, especially sections 128½ and 177, with notes, pages 61 and 64 hereof).

STANDARDS OF PHYSICAL EXAMINATION.

FOR THE USE OF

LOCAL BOARDS, DISTRICT BOARDS, AND MEDICAL ADVISORY BOARDS UNDER THE SELECTIVE SERVICE REGULATIONS.

I. PRELIMINARY STATEMENT AND RULES.

1. The purpose of the Standards of Physical Examination is to secure greater efficiency and uniformity in the examination of registrants and enlisted men. Medical examiners should consider the standards as a guide to their discretion; therefore they are not to be construed too strictly or arbitrarily. The object is to procure men who are physically fit, or who can be made so, for the rigors of field service, or for special and limited service, and the determination of these questions is left to the judgment and discretion of the examining boards, appointed under authority of the selective-service law, and to the military examining surgeons at mobilization camps and other army posts and stations.

2. As the physical standards established by these regulations apply to voluntary applicants for enlistment, as well as to registrants, under the selective-service act, the term "registrants," as used therein, may be considered as including applicants for enlistment where such interpretation is necessary to a proper application of the text. (See Section 151, S. S. R.)

3. Voluntary applicants for enlistment who do not come within the standards of acceptance for general military service as applied to registrants under the selective-service act will be rejected for all military service, unless the defects are waived by authority of The Adjutant General of the Army.

4. Local Boards have original jurisdiction, subject to review on appeal to District Boards, and may accept or reject registrants for military service as follows:

(a) Registrants who on examination are found to present conditions which fall within the proper standards shall be **unconditionally accepted** for general military service (Group A).

(b) Registrants who on examination are found to suffer from remediable defects which fall within the proper standards may be accepted for general military service in the deferred remediable group (Group B).

Group B is restricted to drug addicts, to those having deformities which may interfere with the wearing of a uniform, and to a few special conditions cited in the text. (See Section 128½, S. S. R.)

(c) Registrants who on examination are found to present defects which fall within the proper standards may be accepted for special and limited military service (Group C).

(d) Registrants who on examination are found to present defects which fall within the proper standards shall be unconditionally rejected for all military service (Group D).

(See sec 128½, Selective Service Regulations, pp. 61-63 herein.)

(e) Where conditions are temporarily disabling, but tend to a spontaneous cure, induction should be delayed.

(f) When a registrant has some defect for which, under the standards of physical examination, he would be unconditionally rejected, but which does not impair his health, he may be accepted for special or limited military service, provided that he possesses qualifications which render his induction desirable, and that such induction is specifically requested by military authorities.

5. Navy standards of physical requirements conform in the main to those of the Army included under Group A. But registrants who, on examination, present the following defects shall not be accepted for service in the Navy or Marine Corps:

Eyes: (a) Vision less than three-quarters of the normal in either eye.

(b) Color blindness.

Skin: (a) Parasitic affections, including pediculosis, ringworm, and scabies.

(b) Eczema.

(c) Psoriasis.

Genito-urinary organs and venereal diseases:

(a) Absence, atrophy, or non-descent of both testicles.

(b) Venereal disease, any type or stage.

Height: Over 74 inches.

6. Local Boards need not make complete physical examination of every registrant. Upon discovery of a defect requiring unconditional rejection the physician of the Local Board need proceed no further; but in all other cases there must be a complete examination as prescribed in section 182, Selective Service Regulations (pp. 65-66 herein).

7. Medical Advisory Boards have no power to determine finally whether a registrant shall be accepted or rejected for military service. This power is placed by the Selective Service Regulations in the Local and District Boards. The functions of the Medical Advisory Boards are, as the name imports, to examine registrants referred to them by the Local Boards and State Adjutants Gen-

eral, and to return the result of their examinations, inserted at the proper places in Form 1010 P.M.G.O., "Report of Physical Examination" (sec. 282, Selective Service Regulations, p. 227). The Medical Advisory Boards are not required to make a complete examination of every registrant. At any point in the course of the examination when it is found that the registrant is physically or mentally unfit within the standards of unconditional rejection, the examination need proceed no further. After a Medical Advisory Board (or a member or members thereof, to whom a registrant has been referred), has completed the examination of the registrant, the chairman, or the designated member of the Advisory Board, shall certify the result in the proper space on Form 1010, and return the form at once in triplicate to the Local Board through the mail or by messenger other than the registrant. (See sec. 123, S. S. R., p. 58, herein.)

8. Medical Advisory Boards are maintained for the purpose of re-examination of registrants concerning whose physical condition the physicians of the Local Boards are in doubt. Local Boards should feel free to ask the advice of the Medical Advisory Boards concerning the mental and physical fitness of registrants. There should be cordial co-operation between the Local Boards and the Medical Advisory Boards. Co-operation may be made profitable and practical through actual consultation and conference between the Local Boards and Medical Advisory Boards when this is possible. In many districts the members of the Medical Advisory Boards have the opportunity to be in close touch with the Local Boards. In some large advisory districts the opportunity for frequent consultation and conference may be infrequent and difficult. Through the medical aide to the governor, ways and means for co-operation may be found. The standard of efficiency of the personnel of Medical Advisory Boards should result in the rejection of all registrants referred to Advisory Boards or members thereof for examination who are physically and mentally defective within the standards of unconditional rejection. This is very important as a measure of economy and justice to the Government, the Army, and the registrant.

9. Local Boards and Medical Advisory Boards should be especially careful in the selection of registrants who suffer from defects of vision; defects of hearing, and with chronic discharge from the ear or ears; toxic conditions associated with abnormal conditions of the thyroid gland; valvular disease of the heart; tuberculosis; epilepsy; mental disease or deficiency; and irremediable defects of the feet. In other words, to make a good soldier the registrant must be able to see well; have comparatively good hearing; his heart must be able to stand the stress of physical exertion; he must be intelligent enough to understand and execute military maneuvers, obey commands, and

(b). Those who claim partial loss of vision in one or both eyes.

Either group may have a normal acuity of vision or may exaggerate a defect actually present.

29. In testing for malingering the medical examiner should bear in mind that detection is more likely to result when the man is allowed to believe that his case is regarded from the first as genuine and that his story is not discredited. There is something indefinable in the bearing of the malingerer which experience alone can detect. He may be self-assertive and overconfident; he may be hesitating or evasive. Careful observation should be made of his conduct and every movement noted. The nature of the man's answer should be taken into account and considered in the light of the kind of reply that is given when a genuine refraction case is being dealt with.

30. The following equipment is necessary:

Trial frame; blank; spherical lenses. $+16$, $+3$, $+0.25$, -3 , -2 , -1 , -0.25 .

Two prisms, one 6° and one 10° .

Ophthalmoscope (electric battery in handle).

Condensing lens.

Loupe.

Red and green letters on glass; (a) letters varying in size; (b) spectacle frame containing red and green glasses.

Special test cards, one a duplicate, with letters reversed to use with a mirror.

Special illiterate test cards.

Mirror, large enough to reflect test cards.

One stereoscope with special card.

Retinoscope (electric, with battery in handle).

Ruler, about $1\frac{1}{4}$ inches wide.

METHODS OF EXAMINATION.

CLASS A. TOTAL LOSS OF VISION IN ONE EYE.

31. (a) A 6° prism base downward is placed before the admittedly sound eye, while the man looks at a distant light or candle. If he sees two candles, binocular vision is proved. The examiner may vary the test by placing the prism before the "blind" eye, either base up or base down.

(b) A prism of 10° , with base outward, is placed before the "blind" eye. If there is any sight in this eye, double vision will be produced and the eye will be seen to move inward to correct it and fuse the two images.

(c) The alleged "blind" eye is covered: A prism of 10° , with the apex up, is placed before the "seeing" eye in such a position that its

edge lies horizontally across the center of the pupil. This produces monocular diplopia. The prism is then moved upward so as to be completely in front of the good eye and at the same time the "blind" eye uncovered. If diplopia is produced or admitted there is sight in the "blind" eye.

(d) Test with colored glasses and letters: This consists in directing the individual to read a row of red and green letters through a red and green glass. The red letters will be invisible to the eye that has the green glass, and vice versa, but if all the letters are correctly read irrespective of their color there must be sight in the "blind" eye. The proper illumination back of the chart must be observed.

(e) Test with trial glasses: A high-plus glass is placed before the good eye and a low plus or minus before the "blind" eye. If the distant type is read the vision in the "blind" eye is good.

(f) The stereoscopic test: This may be made with ordinary stereoscope, the printed matter so arranged that certain portions of it are not present before one of the eyes.

(g) The bar test: Interpose a ruler about $1\frac{1}{4}$ inches wide vertically midway between the two eyes at about 4 to 5 inches distance; direct the man to read from a printed page with lines at least 4 inches long. If able to read the lines, binocular vision exists.

(h) The action of the pupil must be carefully tested, there usually being no movement to light stimulation when the eye is blind. If the examiner is not satisfied, the following examination should be made:

Oblique examination: A careful examination of the cornea should be made with the aid of a condensing lens and a loupe.

Ophthalmoscopic examination: A searching examination with the ophthalmoscope should be made, together with an estimation of the refractive error. The pupil should be dilated if necessary.

CLASS B.—PARTIAL LOSS OF VISION IN ONE OR BOTH EYES.

32. The most common manifestation of malingering takes the form of a statement that one eye is imperfect. Men pleading this disability may be divided into two classes: (1) Those who pretend to have a visual defect; (2) those who are aware they have a visual defect and exaggerate its effect.

No hard-and-fast tests can be prescribed for the detection of these cases. Much depends on the alertness and ingenuity of the medical examiner.

The tests with prisms are not applicable here, for there is not pretended blindness in one eye, but simply an alleged diminution of visual acuity.

(a) If a room 30 or 40 feet long can be obtained for testing vision, place the registrant suspected of malingering at 30 to 35 feet from the test chart. Direct him to read the letters and note the result. He should then be brought up to 20 feet from the card and retested. If he reads the same line, he is malingering.

(b) Mirror tests with special test cards.

Test cards are used which are identical, one having letters reversed. The registrant is directed to read the letters on the chart across the room, and then in a mirror beside it, which reflects reverse letters that are placed over his head. The letters seen in the mirror are located double the distance of the direct letters from the man being examined. The malingerer is apt to read in the mirror the line which he read on the first card, showing that his vision is twice as good as he pretends.

In order to obviate the use of test letters in the mirror test various common objects approximating the size of the 20/40 and 20/30 letters may be used by asking a registrant to differentiate between a dime and penny, a cigarette and pencil, a pen and pencil, the number of spots on playing cards, or between the different aces, held on either side of his head and reflected in the mirror at 20 feet distance.

Trial frame test: Place a trial frame upon the man's face and put before the sound eye a high convex lens (+16D), and before the "blind" eye a plane or weak lens (0.25) which will not interfere with vision. If letters placed at distance of 20 feet are read, the fraud is at once exposed.

(c) Oblique examination with condensing lens and loupe to determine corneal or lenticular opacities.

(d) Ophthalmoscopic examination: It is probable that the malingerer will resist the ophthalmoscopic examination by frequent winking or rolling of the eyes. In this event it is best to caution the man that a report of his vision must be made, and then to postpone further examination until after the next few registrants have been examined.

(e) Estimate the refractive error with the use of the ophthalmoscope. If no error of marked degree exists and the media and fundi are normal, the relation between the alleged vision and the refractive condition furnishes an important clue. If the error is about +4 or -2, the visual acuity could be about 20/100, but when the defect can not be accounted for objectively and the vision is brought from 20/100 to 20/50 or 20/30 by means of a low plus or minus glass, the man is malingering.

(f) Retinoscopy: Look for corneal and lenticular opacities and estimate refractive errors.

OCCUPATION.

33. The man's occupation in civil life may have been such that it could not have been followed without more vision than he claims.

In the absence of ocular defects, continuous and persistent blepharospasm, the use of colored glasses, eye shades, or eye bandages should be regarded with suspicion.

DIPLOPIA.

34. Cases of malingering are occasionally met with in which the men complain that they see double. These must be investigated with the application of the ordinary tests as if they were genuine, with every precaution taken to guard against a serious nervous lesion being overlooked.

IV. EARS.

35. *Hearing*.—Place the registrant facing away from the assistant, who is 20 feet distant, and direct him to repeat promptly the words spoken by the assistant. If the registrant can not hear the words at 20 feet, the assistant should approach foot by foot, using the same voice, until the words are repeated correctly. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus; the examiner should face in the same direction as the registrant and close one of his own ears in the same way as a control. The assistant should speak in a low conversational voice (not a whisper), just plainly audible to the examiner, and should use numerals, names of places, or other words or sentences until the condition of the applicant's hearing is evident. The acuity of hearing should be expressed in a fraction, the numerator of which is the distance in feet at which the words are heard by the registrant and the denominator the distance in feet at which the words are heard by the normal ear; thus 20/20 indicates normal hearing, 10/20 partial hearing of a degree indicated by the fraction. If any doubt as to the correctness of the answer is given, the registrant should be blindfolded and a watch should be used, care being taken that the individual does not know the distance from the ear at which it is being held. The watch used should be one whose ticking strength has been tested by trial on a normal ear.

36. Registrants who on examination present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal hearing.

(b) Hearing in each ear of 10/20 or better.

37. Registrants who on examination present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited military service**:

(a) If a room 30 or 40 feet long can be obtained for testing vision, place the registrant suspected of malingering at 30 to 35 feet from the test chart. Direct him to read the letters and note the result. He should then be brought up to 20 feet from the card and retested. If he reads the same line, he is malingering.

(b) Mirror tests with special test cards.

Test cards are used which are identical, one having letters reversed. The registrant is directed to read the letters on the chart across the room, and then in a mirror beside it, which reflects reverse letters that are placed over his head. The letters seen in the mirror are located double the distance of the direct letters from the man being examined. The malingerer is apt to read in the mirror the line which he read on the first card, showing that his vision is twice as good as he pretends.

In order to obviate the use of test letters in the mirror test various common objects approximating the size of the 20/40 and 20/30 letters may be used by asking a registrant to differentiate between a dime and penny, a cigarette and pencil, a pen and pencil, the number of spots on playing cards, or between the different aces, held on either side of his head and reflected in the mirror at 20 feet distance.

Trial frame test: Place a trial frame upon the man's face and put before the sound eye a high convex lens (+16D), and before the "blind" eye a plane or weak lens (0.25) which will not interfere with vision. If letters placed at distance of 20 feet are read, the fraud is at once exposed.

(c) Oblique examination with condensing lens and loupe to determine corneal or lenticular opacities.

(d) Ophthalmoscopic examination: It is probable that the malingerer will resist the ophthalmoscopic examination by frequent winking or rolling of the eyes. In this event it is best to caution the man that a report of his vision must be made, and then to postpone further examination until after the next few registrants have been examined.

(e) Estimate the refractive error with the use of the ophthalmoscope. If no error of marked degree exists and the media and fundi are normal, the relation between the alleged vision and the refractive condition furnishes an important clue. If the error is about +4 or -2, the visual acuity could be about 20/100, but when the defect can not be accounted for objectively and the vision is brought from 20/100 to 20/50 or 20/30 by means of a low plus or minus glass, the man is malingering.

(f) Retinoscopy: Look for corneal and lenticular opacities and estimate refractive errors.

(g) The simplest and most available test for malingering is the use of an ordinary binaural stethoscope. One earpiece, the one to be applied to the normal ear, is packed tightly with a wad of absorbent cotton, and the earpieces are placed in the suspect's ears. The examiner speaks in a soft tone or counts into the bell-shaped chest portion of the stethoscope, and the suspect is told to repeat what he hears. The tubes are removed from the ears, and the assistant is told to stop the normal ear. The same words or numerals are again repeated. The suspect will now claim failure to hear the words or numerals which he had previously heard through the tube with the ear stated to be deaf.

(h) Erhard's test is another simple method for malingerers which requires no special apparatus. If the external auditory canal of a normal ear is tightly packed with absorbent cotton, it will still conduct sound waves to a limited degree; a loud-ticking watch even under these circumstances being heard about 1 or 2 meters. The suspect has his ear which is stated to be deaf stopped, and then the test is made with the hearing of the normal ear, the suspect being told to count the ticks of the watch. The suspect's normal hearing ear is then stopped and the testing is made with the supposed deaf ear. Under this test, if he claims failure to hear the watch under 1 meter, he is malingering.

(i) The Chiman-Moos test is made with the C2 tuning fork. The vibrating tuning fork is held at equal distances from each ear. The suspect may claim that he hears it better in the normal ear. The vibrating tuning fork is then placed on the vertex of the skull. The suspect hearing it equally well in both ears will at first hesitate and then state he hears it better in the normal ear. In diseases of the conducting apparatus he should hear it better in the diseased ear. If, now the external meatus of the normal ear is tightly closed and the vibrating tuning fork is placed upon the vertex of the skull, the individual with the diseased ear will state he hears it better in the normal closed ear; or, it may be impossible for him to decide in which ear he perceives the tone better. The suspect, with the normal ear tightly obstructed, will state that he does not perceive the sound of the fork when thus placed on the vertex of the skull.

V. MOUTH, NOSE, FAUCES, PHARYNX, LARYNX, TRACHEA, AND ESOPHAGUS.

42. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal conditions of the mouth, nose, fauces, pharynx, larynx, trachea, and esophagus.

- (a) Deafness in one ear with normal hearing in the other ear.
- (b) Hearing in one or both ears less than 10/20 but more than 5/20.
- (c) Perforation of membrana tympani without discharge, definitely determined by otoscopy.
- (d) Loss of one or both external ears, if the registrants have followed a useful vocation in civil life and the deformity is not too greatly disfiguring.

38. Registrants who on examination present the following defects shall be **unconditionally rejected** for all military service:

- (a) Hearing in one or both ears of less than the minimum hearing required for special and limited military service. (See 37 (b).)
- (b) Chronic purulent otitis media, with or without mastoiditis.

39. The Local Boards shall refer to the **Medical Advisory Boards**, or to a specialist member thereof, all registrants who are found giving a history of chronic discharge, or have a chronic discharge of the middle ear or ears, or whose hearing is in doubt.

TESTS FOR MALINGERING IN HEARING.

40. Individuals who are malingerers in regard to hearing usually claim magnifications of slight imperfections on one side with a complaint of past trouble. Exaggeration of defects in hearing extends usually to declarations of total deafness on one side.

41. The following directions should be observed in examining suspected malingerers:

(a) In making these examinations the observer should have a skilled assistant and all communications between them should be in a low whispered voice.

(b) The assistant should stand at the back of the patient and should at the direction of the examiner obstruct the ears of the suspect as directed, by pressing the tragus firmly into the auditory meatus.

(c) The suspected malingerer should be placed in the center of the room, free from all obstructions. His eyes should be securely and completely blindfolded.

(d) An accurate notation should be made of which ear is deaf as claimed by the registrant. Then a critical examination of the auditory canal, membrana tympani, and for the patency of the Eustachian tubes should follow.

(e) Then an accurate test of the normal ear should be made. Care should be exercised not to allow the suspect to hear figures or other signs as to the result of examination.

(f) If the suspect gives markedly conflicting statements when the normal ear is tightly plugged as to the distance at which he hears the voice or accumulator, it is fair to assume he is a malingerer.

(g) The simplest and most available test for malingering is the use of an ordinary binaural stethoscope. One earpiece, the one to be applied to the normal ear, is packed tightly with a wad of absorbent cotton, and the earpieces are placed in the suspect's ears. The examiner speaks in a soft tone or counts into the bell-shaped chest portion of the stethoscope, and the suspect is told to repeat what he hears. The tubes are removed from the ears, and the assistant is told to stop the normal ear. The same words or numerals are again repeated. The suspect will now claim failure to hear the words or numerals which he had previously heard through the tube with the ear stated to be deaf.

(h) Erhard's test is another simple method for malingerers which requires no special apparatus. If the external auditory canal of a normal ear is tightly packed with absorbent cotton, it will still conduct sound waves to a limited degree; a loud-ticking watch even under these circumstances being heard about 1 or 2 meters. The suspect has his ear which is stated to be deaf stopped, and then the test is made with the hearing of the normal ear, the suspect being told to count the ticks of the watch. The suspect's normal hearing ear is then stopped and the testing is made with the supposed deaf ear. Under this test, if he claims failure to hear the watch under 1 meter, he is malingering.

(i) The Chiman-Moos test is made with the C2 tuning fork. The vibrating tuning fork is held at equal distances from each ear. The suspect may claim that he hears it better in the normal ear. The vibrating tuning fork is then placed on the vertex of the skull. The suspect hearing it equally well in both ears will at first hesitate and then state he hears it better in the normal ear. In diseases of the conducting apparatus he should hear it better in the diseased ear. If, now the external meatus of the normal ear is tightly closed and the vibrating tuning fork is placed upon the vertex of the skull, the individual with the diseased ear will state he hears it better in the normal closed ear; or, it may be impossible for him to decide in which ear he perceives the tone better. The suspect, with the normal ear tightly obstructed, will state that he does not perceive the sound of the fork when thus placed on the vertex of the skull.

V. MOUTH, NOSE, FAUCES, PHARYNX, LARYNX, TRACHEA, AND ESOPHAGUS.

42. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal conditions of the mouth, nose, fauces, pharynx, larynx, trachea, and esophagus.

- (b) Enlarged tonsils.
- (c) Adenoids.
- (d) Small benign tumors of the nasal and buccal mucous membrane.
- (e) Deviation of the nasal septum which does not seriously interfere with nasal breathing.
- (f) Acute primary sinusitis provided the acceptance of the registrant is temporarily deferred for reexamination, if after a reasonable time the sinusitis has disappeared.
- (g) Laryngitis manifested by hoarseness, laryngeal cough, and congestion of the vocal chords, confirmed by laryngoscopy.
- (h) Paralysis of the vocal chords, if it appears to be temporary in character.

(i) Aphonia without objective findings by laryngoscopy or other measures, and which in the opinion of the examiners is due to functional nervous conditions.

(j) Alleged stricture of the esophagus which is unattended by evidence of organic disease of the esophagus as shown by the passage of a stomach tube or an esophageal bougie, or by a fluoroscopic examination while the registrant is swallowing a bismuth mixture.

43. Registrants who on examination present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

- (a) Deviation of the nasal septum, though it markedly interferes with nasal breathing.
- (b) Paralysis of the vocal chords, and which does not appear temporary in character, if it permits the registrants to follow a useful vocation in civil life.
- (c) Aphonia, with attendant conditions, which disqualify for general military service, if they have followed a useful vocation in civil life.

(d) Partial ankylosis of the lower jaw.

(e) Perforation of the hard palate.

(f) Moderate deformity of the structures of the mouth which does not seriously interfere with mastication or speech.

44. Registrants who on examination present the following defects shall be unconditionally rejected for all military service:

(a) Irremediable deformities of the mouth, throat, and nose which interfere with the mastication of ordinary food, with speech, or with breathing.

(b) Tuberculosis of the structures of the mouth, larynx, fauces, nose, or esophagus.

(c) Cancer of the structures of the mouth, nose, throat, larynx, or esophagus.

(d) Destructive syphilitic diseases of the mouth, nose, throat, larynx, or esophagus.

(e) Laryngeal paralysis, due to pressure from aneurysm or tumor.

(f) Permanent tracheostomy.

(g) Stricture of the esophagus.

(h) Permanent gastrostomy.

(i) Chronic sinusitis of the accessory sinuses of the nose. (The diagnosis should be established upon chronic nasal discharge, presence of large nasal polypi, and other signs and symptoms reinforced by transillumination or X-ray plate, or both.)

(j) Chronic atrophic rhinitis with offensive odor. (Ozena.)

45. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects of the mouth, nose, fauces, pharynx, larynx, or esophagus, they should be referred to the Medical Advisory Boards, or to a member or members thereof.

46. Medical Advisory Boards should make use of laryngoscopy, transillumination of the head, and X-ray plates, when available, to determine more definitely the physical fitness of registrants who have defects involving the upper air passages, head, or esophagus.

VI. DENTAL REQUIREMENTS.

47. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

(a) Normal teeth.

(b) A minimum of three serviceable natural masticating teeth above and three below opposing and three serviceable, natural incisors above and three below opposing. (Therefore, the minimum requirements consist of a total of six masticating teeth and of six incisor teeth. All of these teeth must be so opposed as to serve the purpose of incision and mastication.)

48. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

(a) Dental defects which are greater than the minimum dental requirements for general military service.

DEFINITIONS.

49. (a) The term "masticating teeth" includes molar and bicuspid teeth, and the term "incisors" include incisor and cuspid teeth.

(b) A natural tooth which is carious (one with a cavity) which can be restored by filling is to be considered as a natural serviceable tooth.

(c) Teeth which have been (see (b)) restored by crowns or dummies attached to fixed bridge work, if well placed, shall be considered as serviceable natural teeth, when the history and the appearance of these teeth is such as to clearly warrant such assumption.

(d) A tooth is not to be considered a serviceable, natural tooth when it is involved with excessively deep pyorrhea pockets or when its root end is involved with a known infection that has or has not an evacuating sinus discharging through the mucous membrane or skin.

50. Physicians and dentists of Local Boards and Medical Advisory Boards are urged to advise and to aid registrants with remediable carious teeth and infected dental roots and other dental defects, to have them remedied pending orders.

51. Instruct them that all hopelessly diseased teeth should be extracted. Chronic focal infections involving the teeth and jaws should be eradicated and all tooth cavities should be filled. This preliminary remediable dental work will greatly assist the dentists of the cantonments in completing the routine necessary dental work. The correction of the focal infection about the mouth will protect the registrants from possible systemic complications which are liable to occur under the strain of military training.

52. When the physicians of the Local Boards are in doubt concerning dental defects of registrants, they should refer them to the Medical Advisory Boards, or to a specialist member thereof.

VII. SKIN.

53. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

(a) Normal skin.

(b) Acute diseases of the skin which ordinarily run a temporary course.

(c) Diseases which are trivial in character and which do not interfere with the general health and are not incapacitating. Among these common and usually trivial diseases may be enumerated:

Acne.

Anomalies of pigmentation.

Scars not extensive, disfiguring, nor incapacitating in character.

Condylomata which are not extensive.

Staphylococcic and streptococcic skin infections.

Acute eczemas.

Naevi which are not greatly disfiguring.

All forms of pediculosis.

All forms of ringworm.

Scabies.

Mild and not extensive psoriasis.

Warts.

The secondary syphilitic lesions of the skin.

Registrants who are accepted for general military service with temporary remediable defects in the form of parasitic and other communicable diseases of the skin should have this fact noted in Form 1010. (See Section 5.)

54. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service:

— (a) Simple ulcers or other defects of the skin which are curable. (See Par. 75 (s).)

(b) Defects due to diseases of the skin, either acute or chronic, which disqualify for general military service, if the registrants have successfully followed a useful vocation in civil life.

55. Registrants who on examination present the following defects of the skin shall be **unconditionally rejected** for all military service:

(a) Long existing skin diseases or long existing ulcers of the skin which are so severe, or so disfiguring as to incapacitate the registrant for the duties of a soldier, or so disfiguring as to render the registrant objectionable in common social intercourse.

(b) Actinomycosis.

(c) Dermatitis herpetiformis of long duration.

(d) Epidermolysis bullosa.

(e) Forms of universal dermatitis of long duration.

(f) Glanders.

(g) Idiopathic multiple hemorrhagic sarcoma.

(h) Mycosis fungoides.

(i) Pemphigus chronicus of long duration.

(j) Pemphigus foliaceus.

(k) Pemphigus vegetans.

(l) Cancer, including pigmented moles undergoing degeneration.

(m) Lupus.

(n) Syphilitic lesions ulcerative in character showing much destruction of tissue which if healed would be unsightly or so scarring as to incapacitate the registrants for military service.

56. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects due to diseases of the skin, they should refer them to the Medical Advisory Boards.

VIII. HEAD.

57. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal skull.

(b) Moderate deformities of the bones of the skull of the character of depressions, exostoses, etc., and unassociated with evidence of disease of the brain, spinal cord, or peripheral nerves, and which would not prevent the registrant from wearing military headgear.

(c) Defects which are apparently temporary in character due to recent injuries. (This includes contusions and other wounds of the scalp and concussion. Registrants with these defects should have the final examination temporarily deferred.)

58. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited military service**:

(a) Decompression operation of the skull unassociated with marked bulging at the site of operation.

59. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(a) Deformities of the skull of the nature of depressions, exostoses, etc., of a degree which will prevent the registrants from wearing military headgear.

(b) Deformities of the skull of any degree associated with evidences of disease of the brain, spinal cord, or peripheral nerves.

IX. SPINE.

60. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal spine.

(b) Lateral curvature of the spine of 2 inches or less from the normal mid line, if the mobility and weight-bearing power are good.

(d) Temporary defects in the form of recent contusions or sprains of the spinal column.

(e) Pilo-nidal sinus (this usually presents itself in the region between the coccyx and anus) if unattended with disease of the bone as shown by an X-ray plate.

(c) Fracture of the coccyx.

61. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited military service**:

(a) Lateral deviation of the spine from the normal mid line of more than 2 inches and less than 3 inches.

(b) Nontuberculous diseases of the spine which are unassociated with such rigidity that the registrant has been incapacitated from following a useful vocation in civil life.

(c) Fracture of the spine or pelvic bones which have healed without defects and which have not interfered with their following a useful vocation in civil life.

62. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

- (a) Extensive disease of the vertebræ.
- (b) Tuberculosis of any portion of the vertebral column.
- (c) Abscess of the spinal column.
- (d) Osteoarthritis, partial or complete, of the spinal column.
- (e) Healed fractures of the vertebræ or pelvic bones with associated disqualifying rigidity.
- (f) Lateral deviation of the spine from the normal mid line of more than 3 inches.

63. When the Local Boards are in doubt concerning the physical fitness of registrants who suffer from deformities and diseases of the spine, they shall refer them to the Medical Advisory Boards, or to a member or members thereof.

64. Registrants who appear for examination wearing a plaster jacket should be referred to the Medical Advisory Boards, or to a member or members thereof. The jacket should not be removed until provision shall have been made for its reapplication.

65. When the physicians of the Medical Advisory Boards are in doubt concerning the cause and the extent of the diseases of the vertebræ, an X-ray plate of the spine should be made.

SACRO-ILIAC AND LUMBO-SACRAL JOINTS.

66. Registrants who on examination are found to present the following conditions, if otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

- (a) Normal sacro-iliac and lumbo-sacral joints.
- (b) Complaint of disease of the sacro-iliac and lumbo-sacral joints which is unassociated with objective signs and symptoms at the first examination and which, on reexamination, after a reasonable period of time, is again found negative.

67. Registrants who on examination are found to present the following defect, if otherwise mentally and physically fit, may be accepted for special and limited military service:

- (a) Disease of the sacro-iliac and lumbo-sacral joints of a degree which disqualifies for general military service, if otherwise mentally and physically fit and if the registrants have followed a useful vocation in civil life.

68. Registrants who on examination are found to suffer from the following defect shall be unconditionally rejected for all military service:

- (a) Disease of the sacro-iliac and lumbo-sacral joints which is of a chronic type and is obviously associated with pain referred to the

lower extremities, muscular spasm, postural deformities, and limitation of motion in the lumbar region of the spine.

69. When Local Boards are in doubt concerning the physical fitness of registrants who suffer from disease or other defects of the sacro-iliac or lumbo-sacral joints, they shall be referred to the Medical Advisory Boards, or to a member or members thereof.

X. SCAPULAE.

70. Registrants who on examination are found to present the following conditions, if otherwise physically and mentally fit, shall be unconditionally accepted for general military service:

- (a) Normal scapulae.
- (b) Prominent scapulae due to other causes than paralysis.

71. Registrants who on examination are found to present the following defect shall be unconditionally rejected for all military service:

- (a) Prominent scapulae due to paralysis.

XI. THE EXTREMITIES.

72. Registrants who on examination are found to present the following conditions shall be unconditionally accepted for general military service:

- (a) Normal upper and lower extremities with normal function.
- (b) Ancient or recent fractures which have healed spontaneously with no resulting impairment of function.
- (c) Paralysis of a muscle or group of muscles that does not interfere with function. (See Section 128.)
- (d) Benign tumors of bone or defects due to their removal when the condition does not interfere with the function of the extremity or the joint involved.
- (e) Recent injury of a bone or joint with or without fracture or dislocation which in the opinion of the examiners is only temporarily incapacitating. (Registrants with these defects should be given a period of time not less than six weeks for recovery before the final examination is made.)
- (f) Defects of bone or joint due to healed tuberculosis when the tuberculosis has not shown evidence of activity at any time during the period of 10 years immediately preceding the examination.
- (g) Absent left thumb.
- (h) Loss of one finger of either hand, with the exception of the right index finger.
- (i) Scars and deformities of moderate degree of the hand or hands which do not interfere with normal function.
- (j) Stiff fingers of a degree not to interfere with function.
- (k) A low or even absent longitudinal arch if the foot is otherwise practically normal in shape, flexibility, and weight-bearing capacity.

---(7) Slight hallux valgus which is unassociated with exostoses or bunion of any size.

—(m) Clubfoot of slight degree if the deformity has been corrected to the degree that the tarsus, metatarsus, and phalanges are flexible and the condition permits the wearing of a military shoe.

—(n) Slight claw toes not involving obliteration of the transverse arch and which do not interfere with the wearing of a military shoe.

—(o) Hammer toe which is flexible and which does not interfere with the wearing of a military shoe. (Hammer toe usually involves the second digit and unless it is rigid is not a disqualifying defect.)

—(p) Absence of one or two of the small toes of one or both feet if the function of the foot is good.

(q) Ingrowing toenails.

73. Registrants who on examination present the following remediable defects, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

(a) Ununited fractures if in the judgment of the examiners they are remediable with resulting good function.

(b) Benign tumors of bone or joint which interfere with function and which in the judgment of the examiners are remediable.

(c) Other defects which in the opinion of the examiners are disqualifying but remediable.

74. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service, **unless the degree of disability is obviously disqualifying**:

(a) Loss of thumb or index finger of right hand.

(b) Loss of two fingers of either hand, including the right index finger.

(c) Web fingers.

(d) Ganglion and other benign tumors of the hand or fingers.

(e) Moderate deformities of one or both upper extremities which do not and have not interfered with function to a degree to prevent the registrant from following a useful vocation in civil life.

4 } (f) Internal derangement of the knee joint.

(g) Abduction and pronation (knock-ankle) when this condition is not associated with rigidity of the tarsal joints or with deformity of the foot. (This defect is remediable with proper foot exercises and with correct shoes.)

(h) Loss of great toe.

(i) Loss of dorsal flexion of great toe.

(j) Hammer toe with rigidity.

-- (k) Web toes.

(l) Other defects of the foot which disqualify for general military service but do not prevent the registrant from wearing a military shoe and which have not prevented him from following a useful vocation in civil life.

(m) Moderate deformities of one or both lower extremities which do not and have not interfered with function to a degree to prevent the registrant from following a useful vocation in civil life.

(n) Adherent scars of the skin and soft tissues of an extremity.

(o) Paralysis of a muscle or group of muscles that interferes with function. (See Section 128.)

75. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

(a) Loss of both thumbs.

(b) Loss of more than two entire fingers of one hand.

(c) Extensive disease of long duration of one or more of the large joints with or without sinuses.

(d) Tuberculosis of a bone or joint. (The diagnosis should be based upon the presence of swelling, tenderness, muscular spasm, restriction of joint motion, and the evidence of bone destruction shown by an X-ray plate.)

(e) A history of tuberculosis of a bone or joint when the tuberculosis has been active at some time during the period of 10 years prior to the examination.

(f) Old, irremediable, ununited fractures or united fractures with deformity sufficient to interfere markedly with function.

(g) Malignant tumors.

(h) Extensive disease of long duration involving a number of joints of the upper and lower extremities.

(i) Old, unreduced dislocations which have interfered with the registrant following a useful vocation in civil life.

(j) Disease of the shoulder, elbow, or wrist with resulting limitation of motion.

(k) Disease of bone or joint healed with such resulting deformity that the function is disturbed to a degree that it will interfere with military service.

(l) Muscle paralysis or contraction which disturbs function to the degree of interference with military service.

(m) Excessive curvature of the bones of the forearm or arm which would interfere with military drill.

(n) Excessive curvature of the bones of the leg or thigh.

(o) Excessive knock-knee.

(p) Excessive bow legs.

(q) Adherent scars of skin or soft tissue to a degree which seriously interferes with function.

(r) Excessive varicose veins.

~~U(s)~~ Varicose veins of any degree associated with edema or ulcer of the skin.

(t) Absent longitudinal arch of the foot associated with one or more of the following conditions:

Limitation of dorsal flexion.

Rigid metatarsal and subastragaloid joints.

Rigid toes.

Marked pronation.

Prominent scaphoid associated with other disabling foot conditions.

(u) Rigidity of the tarsus and metatarsus due to former infectious processes, with or without flat foot.

~~U(v)~~ Obliteration of the transverse arch associated with permanent flexion of the small toes (claw toes).

(w) Prominence of the plantar surface of the transverse arch especially when associated with large callosities.

(x) Abnormal flaccidity of the foot and toes when associated with evident severely painful symptoms.

(y) Abduction and pronation (knock-ankle) when associated with rigidity of the tarsal joints and painful symptoms.

~~U(z)~~ Hallux valgus if severe and associated with exostoses or a bunion of any considerable size, especially when there are signs of irritation about the joint.

~~U(aa)~~ Club foot, if correction of the condition has not been sufficient to meet the standard requirements. (See par. 72 (m).)

~~U(bb)~~ Disease of the bone or of the hip, knee, or ankle joint which seriously interferes with function and weight-bearing power.

~~U(cc)~~ Deformities due to fracture or other injury which seriously interfere with function and weight-bearing power.

~~U(dd)~~ Sciatica, which is apparently intractable and disabling, to the degree of interference with the function of walking and weight-bearing power.

~~U(ee)~~ Amputations of extremities in excess of those already cited. (See par. 4 (f).)

76. The selection of registrants with defects of the feet for special or limited military service must be left to the judgment of the physicians of the Local Boards and Medical Advisory Boards.

77. It is extremely important that registrants with defects of the feet which are not remediable by training and which prevent the inducted men from taking proper training, should not be accepted for general military service. It is quite as important that defects of the feet, which are not disabling, should not be considered disqualifying for general military service.

XII. HEIGHT, WEIGHT, AND CHEST MEASUREMENTS.

78. Table of standard accepted measurements of height, weight, and circumference of chest. (See Section 5.)

A. Standard accepted measurements.

Height.	Weight.	Chest measurement.	
		At expiration.	Mobility.
<i>Inches.</i>	<i>Pounds.</i>	<i>Inches.</i>	<i>Inches.</i>
60.....	120	31	2
61.....	120	31	2
62.....	120	31	2
63.....	124	31	2
64.....	128	32	2
65.....	130	32	2
66.....	132	32½	2
67.....	134	33	2
68.....	141	33½	2½
69.....	148	33½	2½
70.....	155	34	2½
71.....	162	34½	2½
72.....	169	34½	3
73.....	176	35½	3
74.....	183	36½	3
75.....	190	36½	3½
76.....	197	37½	3½
77.....	204	37½	3½
78.....	211	38½	4

B. The following variations from the standard shown in column A are permissible when the applicant is active, has firm muscles, and is evidently vigorous and healthy.

Height.	Weight.	Chest measurement.	
		At expiration.	Mobility.
<i>Inches.</i>	<i>Pounds.</i>	<i>Inches.</i>	<i>Inches.</i>
60.....	110	30	2
61.....	110	30	2
62.....	110	30	2
63.....	116	30	2
64.....	120	30	2
65.....	120	30	2
66.....	120	30½	2
67.....	120	30½	2
68.....	121	30½	2
69.....	124	31	2
70.....	128	31½	2
71.....	133	31½	2
72.....	138	32½	2½
73.....	143	32½	2½
74.....	148	33½	2½
75.....	155	34½	2½
76.....	161	34½	2½
77.....	168	35½	3
78.....	175	35½	3

79. *Directions for taking height.*—Use a board at least 2 inches wide by 80 inches long, placed vertically, and carefully graduated to one-quarter inch between 58 inches from the floor and the top end. Obtain the height by placing vertically in firm contact with

the top of the head and against the measuring rod an accurately squared board of about 6 by 6 by 2 inches—best permanently attached to graduated board by a long cord. The registrant should stand erect with back to the graduated board, eyes straight to the front.

80. Registrants who on examination present the following conditions, if otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service.

(a) Those who fall within the accepted standards (A) or minimum requirements (B) for height, weight, and chest measurement given in tables, paragraph 78.

(b) Those whose weight is greater than the standards indicated for the height (A) provided the overweight is not so excessive as to interfere with military training.

81. Registrants who on examination are found to present conditions not within the accepted measurements for weight and chest circumference and mobility given in the table, who are otherwise mentally and physically fit, may be accepted for **special or limited** military service. But no registrant may be accepted whose weight is less than 110 pounds.

82. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(a) Less than 60 inches in height.

(b) Less than 110 pounds in weight.

(c) With a chest measurement of less than 30 inches and chest mobility of less than 2 inches.

(d) A height of more than 78 inches.

(e) Overweight which is greatly out of proportion to the height, if it interferes with normal physical activity or with proper training.

83. Local Boards should refer to the Medical Advisory Boards the following registrants:

(a) Registrants who on examination are found to be apparently slightly under the minimum requirements for weight and chest measurements in their relation to the height.

(b) Registrants of 76 inches or more in height who should be studied for the possibility of gigantism or acromegaly.

(c) Registrants who are obese.

(d) Registrants whose weight is slightly under the minimum with respect to height, in whom the defect is due to recent illness or to employment and environment of civil life and may be considered remediable by camp life.

(e) Registrants whose chest mobility is less than 2, 2½, or 3 inches, respectively, as per the table, that they may be further studied to

ascertain if the lack of required chest mobility is due to ignorance or to lack of practice.

84. Physicians of Local Boards and Medical Advisory Boards should use discretion and judgment in accepting registrants with slight variations in the ratio of height, weight, and chest measurements indicated in the table. Minimum and maximum height are absolute, but when the weight is disproportionate and is believed to be due to some temporary condition, proper allowance may be made, provided it is the opinion of the boards that the variation is correctable with proper food and physical training. But no registrant may be accepted whose weight is less than 110 pounds.

XIII. ABDOMEN.

85. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

- (a) Normal abdominal wall and abdominal organs.
- (b) Abdominal scars due to surgical operation or accident which show no hernial bulging at site of scars.
- (c) Scar pain when found not associated with any disturbance of function of abdominal wall, stomach, or bowels.
- (d) Jaundice when this is proved to be of a temporary character and not associated with organic disease of the gall tracts or liver, by observation and reexamination of the registrant over a period of one month.
- (e) Complaint of weak stomach, indigestion, dyspepsia, constipation, belching, vomiting, and various other types and degrees of abdominal discomfort which are proven by examination not to be associated with organic disease, by the absence of the usual objective symptoms and signs and by such laboratory tests as may be employed.
- (f) Blood in stools if proved to be due to slight defects, such as fissures of the anus, small hemorrhoids, or superficial small ulcers of the rectum.
- (g) Moderate enlargement of the liver unassociated with other objective evidence of disease of the liver or other organs.
- (h) Splenic enlargement of moderate degree unassociated with evidence of other disqualifying disease.
- (i) Moderate enlargement of the spleen due to malaria.
- (j) Small benign tumors of the abdominal wall.
- (k) Ptoxis of the stomach and bowels unassociated with objective evidence of disturbance of function of the gastrointestinal tract. (Individuals who have ptoxis of the stomach and bowels usually complain of constipation, belching of gas, heaviness in abdomen after meals, and numberless symptoms referable to the heart and nervous apparatus.)

- (l) Mucous colitis of simple character.
- (m) Proctitis of simple character confirmed by proctoscopy, which is not associated with ulceration of the mucous membrane.
- (n) Intestinal parasites or their eggs in the stools.

— (o) Internal and external hemorrhoids without prolapse of rectum.

86. Registrants who on examination are found to present the following remediable defect, who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group:

- (a) Partial obstruction of the bowel not due to organic disease.

87. Registrants who on examination are found to present the following defects, who are otherwise mentally and physically fit, may be accepted for special and limited military service, unless the degree of disability is obviously disqualifying:

- (a) Hernia—inguinal, femoral, umbilical, and postoperative.
- (b) Large benign tumors of the abdominal wall.
- (c) Jaundice which persists beyond a period of one month and is determined at the final examination to be remediable.
- (d) Internal hemorrhoids with prolapse and hemorrhage.
- (e) Proctitis associated with remediable ulcers.
- (f) Amebic dysentery.
- (g) Simple fistula in ano.
- (h) Ptosis of the stomach and bowels associated with disqualifying conditions for general military service, but which permit the registrants to follow a useful occupation in civil life.

88. Registrants who on examination present the following defects shall be unconditionally rejected for all military service:

- (a) Inoperable hernia.
- (b) Irremediable diseases of the stomach.
- (c) Irremediable diseases of the bowels.
- (d) Irremediable diseases of the liver.
- (e) Irremediable diseases of the kidney.
- (f) Achylia gastrica.
- (g) Gastric succorhea.
- (h) Syphilis of the liver.
- (i) Hydatids of the liver.
- (j) Ulcer of the stomach or duodenum.
- (k) Obstruction of the bowel due to organic disease.
- (l) Chronic gastritis secondary to organic disease of other organs.
- (m) Irremediable sinuses of the abdominal wall communicating with the hollow viscera.
- (n) Tuberculosis.
- (o) Irremediable stricture of the rectum.
- (p) Multiple fistulæ of the anus.
- (q) Schistosomum disease (blood flukes).

(*r*) Enlargement of the spleen associated with leukemia, Hodgkin's disease, or splenic anemia.

(*s*) Great enlargement of the spleen from any cause.

(*t*) Large internal and external hemorrhoids associated with prolapse of the rectum.

(*u*) Paralysis of the sphincter associated with incontinence of feces.


89. When the physicians of Local Boards are in doubt concerning the physical fitness of registrants who present defects of the abdominal wall or abdominal organs, they shall refer them to the Medical Advisory Boards, or to a member or members thereof.

90. When necessary to confirm a diagnosis, Medical Advisory Boards should, when possible, avail themselves of fluoroscopy and X-ray plates when examining registrants with defects of the abdominal wall or abdominal organs.

91. When the Medical Advisory Boards, or their members, are able to command hospital facilities and the necessary diagnostic apparatus, they should, within their discretion, use test meals and chemical and microscopic examination of the stomach contents and stools.

92. Physicians of Local Boards and Medical Advisory Boards should make use of digital rectal examination of defects referable to that region, and when necessary proctoscopy should also be utilized.

93. Registrants who are found to have parasites or their eggs in stools should have this condition indicated on Form 1010.

94. Moderate impulse produced by cough at the inguinal, femoral,  or umbilical rings, or at the site of a scar is not necessarily indicative of hernia.

XIV. NECK.

95. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

(*a*) Normal neck.

(*b*) Nonspastic contraction of the muscles of the neck which is not of great degree and will not prevent the wearing of a uniform or military equipment.

(*c*) Simple goiter or benign thyroid tumors unassociated with toxic symptoms provided the enlargement of the thyroid will not interfere with the wearing of a uniform or military equipment.

(*d*) Benign tumors and cysts of the neck which will not interfere with the wearing of a uniform or military equipment.

(*e*) Small, benign tumors of the parotid gland which will not interfere with the wearing of a uniform or military equipment.

(f) Enlarged lymph glands of the neck which apparently do not interfere with the general health and which are not large enough to interfere with the wearing of a uniform or military equipment.

96. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be conditionally accepted for general military service in the deferred remediable group.

(a) Simple goiter or benign tumors unassociated with toxic symptoms but so large as to interfere with wearing a uniform or military equipment.

(b) Enlarged lymph glands of the neck which are so large as to interfere with wearing a uniform or military equipment.

(c) Benign tumors and cysts of the neck which are so large as to interfere with the wearing of a uniform or military equipment.

(d) Large benign tumors of the parotid gland which, in the opinion of the examiners, may be removed without permanent paralysis of the seventh nerve.

97. Registrants who on examination are found to present the following defects shall be unconditionally rejected for all military service:

(a) Exophthalmic goiter.

(b) Thyroid enlargement from any cause associated with toxic symptoms.

(c) Enlargement of the lymph glands of the neck associated with all clinical types of leukemia and Hodgkin's disease.

(d) Lympho-sarcoma.

(e) Tuberculous glands.

(f) Malignant tumors.

(g) Myxedema.

(h) Nonspastic contraction of the muscles of the neck which is disfiguring and unsightly or interferes with wearing a uniform or military equipment.

(i) Spastic contraction of the muscles of the neck.

98. When Local Boards are in doubt concerning the physical fitness of registrants who present defects of the neck, they should refer them to the Medical Advisory Boards, or to a member or members thereof.

99. The physicians of Local Boards and the Medical Advisory Boards should reject all registrants who, after careful study, are proved to suffer from thyroid toxic symptoms.

XV. GENITO-URINARY ORGANS AND VENEREAL DISEASES.

100. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

ascertain if the lack of required chest mobility is due to ignorance or to lack of practice.

84. Physicians of Local Boards and Medical Advisory Boards should use discretion and judgment in accepting registrants with slight variations in the ratio of height, weight, and chest measurements indicated in the table. Minimum and maximum height are absolute, but when the weight is disproportionate and is believed to be due to some temporary condition, proper allowance may be made, provided it is the opinion of the boards that the variation is correctable with proper food and physical training. But no registrant may be accepted whose weight is less than 110 pounds.

XIII. ABDOMEN.

85. Registrants who on examination are found to present the following conditions, who are otherwise mentally and physically fit, shall be unconditionally accepted for general military service:

- (a) Normal abdominal wall and abdominal organs.
- (b) Abdominal scars due to surgical operation or accident which show no hernial bulging at site of scars.
- (c) Scar pain when found not associated with any disturbance of function of abdominal wall, stomach, or bowels.
- (d) Jaundice when this is proved to be of a temporary character and not associated with organic disease of the gall tracts or liver, by observation and reexamination of the registrant over a period of one month.
- (e) Complaint of weak stomach, indigestion, dyspepsia, constipation, belching, vomiting, and various other types and degrees of abdominal discomfort which are proven by examination not to be associated with organic disease, by the absence of the usual objective symptoms and signs and by such laboratory tests as may be employed.
- (f) Blood in stools if proved to be due to slight defects, such as fissures of the anus, small hemorrhoids, or superficial small ulcers of the rectum.
- (g) Moderate enlargement of the liver unassociated with other objective evidence of disease of the liver or other organs.
- (h) Splenic enlargement of moderate degree unassociated with evidence of other disqualifying disease.
- (i) Moderate enlargement of the spleen due to malaria.
- (j) Small benign tumors of the abdominal wall.
- (k) Ptosis of the stomach and bowels unassociated with objective evidence of disturbance of function of the gastrointestinal tract. (Individuals who have ptosis of the stomach and bowels usually complain of constipation, belching of gas, heaviness in abdomen after meals, and numberless symptoms referable to the heart and nervous apparatus.)

- (c) Benign tumor of the testicles.
- (d) Cystitis, subacute or chronic, of mild grade.
- (e) Benign tumor of the bladder.
- (f) Varicocele of large size.
- (g) Hydrocele, unless of very large size.
- (h) Floating kidney. (By floating kidney is meant one which is freely movable within the abdominal cavity.)
- (i) Undescended testis which lies within the inguinal canal.
- (j) Removal of one kidney, the remaining one being healthy.
- (k) Bed wetting.

103. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(a) Chronic nephritis. (This should be evidenced by the presence in the urine of albumin and casts with or without blood, over a period of time sufficient to prove the persistency of the urinary findings. The examiners should require the registrants to void the urine during the period of the examination and in the presence of the physicians.) When albumin and casts are found in the urine the registrants should be reexamined not less than twice on separate days. If the urine shows albumin and casts with or without blood and this condition of the urine is associated with enlargement of the left heart, high blood pressure, and other evidences of cardio-vascular disease, the diagnosis of chronic nephritis may be made immediately. If the presence in the urine of albumin and of casts with or without blood is proved to be inconstant and if the condition is unassociated with the cardio-vascular conditions mentioned, decision should lie within the judgment and discretion of the examiners.

(b) Diabetes, evidenced by the presence of glucose in the urine. (Reexamination of the urine of registrants which on the first examination is found to contain glucose should be made over a period of two or three days. The registrants should void the urine in the presence of the physicians.)

- (c) Irremediable stricture of the urethra.
- (d) Urinary fistula.
- (e) Gonorrheal arthritis which is of itself disqualifying.
- (f) Surgical kidney with or without renal calculus.
- (g) Irremediable pyelitis.
- (h) Cancer.
- (i) Hydronephrosis.
- (j) Tumors of the kidney.
- (k) Tuberculosis of the kidney, ureter, bladder, seminal vesicles, or testicles.
- (l) Acute nephritis which is proved by observation and reexamination not to be temporary in character.

(m) Chronic cystitis associated with retention of urine caused by stricture of the urethra or by disease of the central nervous system.

(n) Amputation of the penis if the resulting stump is insufficient to permit of normal function of micturition.

104. When Local Boards are in doubt concerning the physical fitness of registrants who present defects of the genito-urinary apparatus, they shall refer them to the Medical Advisory Boards, or to a member or members thereof.

105. When it is deemed necessary, Local Boards and Medical Advisory Boards should take advantage of cystoscopy and X-ray examination to verify diagnosis of defects of the genito-urinary organs.

106. Physicians of Local Boards and Medical Advisory Boards should advise and aid registrants who suffer from gonorrhea, syphilis, and chancroid and temporary remediable defects of the skin to secure proper treatment pending induction.

XVI. MENTAL AND NERVOUS DISEASES.

107. Registrants who on examination show the following conditions shall be **unconditionally accepted** for general military service:

(a) A normal nervous system.

(b) Who appear to have normal understanding, whose speech can be understood, who have no definite signs of organic disease of the brain, spinal cord, or peripheral nerves, and who are otherwise mentally and physically fit.

(c) Hysterical paralysis or hysterical stigmata and local muscular spasms which do not cause mental or physical defects disqualifying for general military service.

(d) Muscular tremors of moderate degree.

108. Registrants who on examination are found to suffer from the following condition, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

(a) Drug addiction, including the habitual use of opium and its derivatives and cocaine.

109. Registrants who on examination are found to suffer from the following defects of the nervous system, who are otherwise mentally and physically fit, may be accepted for **special and limited** military service:

(a) Stuttering and stammering of a degree disqualifying for general military service but which has not prevented from successfully following a useful vocation in civil life.

(b) Hysterical paralysis or hysterical stigmata of a degree disqualifying for general military service but not of a character to prevent the registrants from successfully following a useful vocation in civil life.

(c) Tremors of such marked degree that they disqualify for general military service but have not prevented the registrants from following a useful vocation in civil life.

110. Registrants who on examination are found to suffer from the following defects shall be **unconditionally rejected** for all military service:

- (a) Insanity.
 - (b) Epilepsy.
 - (c) Idiocy.
 - (d) Imbecility.
 - (e) Moron. (See Section 115.)
 - (f) Chronic alcoholism.
 - (g) Stuttering or stammering to such a degree that the registrant is unable to express himself clearly or to repeat commands or to demand the countersign.
 - (h) Constitutional psychopathic state.
 - (i) Chronic essential chorea.
 - (j) Tabes (locomotor ataxia).
 - (k) Cerebrospinal syphilis.
 - (l) Multiple sclerosis.
 - (m) Paraplegia.
 - (n) Syringomyelia.
 - (o) Muscular atrophies and dystrophies which are obviously disqualifying.
 - (p) Hysterical paralysis or hysterical stigmata so serious that these defects are disqualifying for military service.
 - (q) Neuritis which is not temporary in character and which has progressed to such a degree as to prevent the registrant from following a useful vocation in civil life.
111. All registrants who suffer from defects involving the mental or nervous system concerning which the Local Boards are in doubt should be referred to the Medical Advisory Boards, or to a member or members thereof.

112. The examiners may base their decisions as to mental and nervous defects upon the following brief description of some disqualifying defects:

113. *Insanity*.—All registrants should be considered insane who are committed or who have been committed to a licensed public or private institution for the care of the insane. The examiners may require proof in the form of verified records of commitment by the proper State authorities to verify the statements of the registrants.

114. *Epilepsy*.—The registrant shall not be considered an epileptic unless the claim is substantiated by characteristic scars on the tongue, face, or head, or if the examiner is in doubt, by properly certified proof obtained by the registrant or by the Government Appeal Agent, which shall be filed with Form 1010.

115. *Moron*.—An individual whose mental development is that of a child not over eight years of age, as measured by the Binet-Simon test, is not competent to learn nor to perform the duties required of a soldier.

116. *Idiocy*.—A registrant shall be declared an idiot who has been so defective in mind from birth or from early age that he is unable to guard himself against common physical danger.

117. *Imbecility*.—A registrant shall be declared an imbecile who has been so defective in mind from birth or early age as to be incapable of earning a livelihood but at the same time is able to guard himself against common physical danger.

118. *Chronic alcoholism*.—A registrant shall be declared a sufferer from chronic alcoholism when he presents a majority of the following symptoms and signs: Suffused eyes; prominent superficial blood vessels of nose and cheek; flabby, bloated face; red or pale purplish discoloration of mucous membrane of the pharynx and soft palate; muscular tremor of the protruded tongue and extended fingers; tremulous handwriting.

The history or evidence presented that the registrant has been frequently and grossly intoxicated is not of itself sufficient proof for the diagnosis of chronic alcoholism.

CLINICAL FORMS OF INSANITY.

119. *Dementia precox*.—Look for indifference, apathy, withdrawal from environment, ideas of reference and persecution, feelings of the mind being tampered with, of thought being controlled by hypnotic, spiritualistic, or other mysterious agencies, hallucinations of hearing, bodily hallucinations, frequently of electrical or sexual character; meaningless smiles; in general, inappropriate emotional reaction and lack of connectedness in conversation. There may be sudden emotional or motor outbursts. The history of family life and of school, vocational, and personal career will usually show erratic and more or less irrational conduct.

120. *Manic-depressive insanity*.—Look for mild depression, with or without feeling or inadequacy, or mild manic states with exhilaration, talkativeness, and overactivity.

ORGANIC DISEASES OF THE BRAIN, SPINAL CORD, AND PERIPHERAL NERVES.

121. *Paresis (general paralysis)*.—The diagnosis of paresis may be made when at the examination of the registrant a majority of the following signs and symptoms are demonstrated: Argyll-Robertson pupil or pupils, facial tremor, speech defect in test phrases, and in the slurring and distortion of words in conversation; writing

- (c) Benign tumor of the testicles.
- (d) Cystitis, subacute or chronic, of mild grade.
- (e) Benign tumor of the bladder.
- (f) Varicocele of large size.
- (g) Hydrocele, unless of very large size.
- (h) Floating kidney. (By floating kidney is meant one which is freely movable within the abdominal cavity.)
- (i) Undescended testis which lies within the inguinal canal.
- (j) Removal of one kidney, the remaining one being healthy.
- (k) Bed wetting.

103. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

(a) Chronic nephritis. (This should be evidenced by the presence in the urine of albumin and casts with or without blood, over a period of time sufficient to prove the persistency of the urinary findings. The examiners should require the registrants to void the urine during the period of the examination and in the presence of the physicians.) When albumin and casts are found in the urine the registrants should be reexamined not less than twice on separate days. If the urine shows albumin and casts with or without blood and this condition of the urine is associated with enlargement of the left heart, high blood pressure, and other evidences of cardio-vascular disease, the diagnosis of chronic nephritis may be made immediately. If the presence in the urine of albumin and of casts with or without blood is proved to be inconstant and if the condition is unassociated with the cardio-vascular conditions mentioned, decision should lie within the judgment and discretion of the examiners.

(b) Diabetes, evidenced by the presence of glucose in the urine. (Reexamination of the urine of registrants which on the first examination is found to contain glucose should be made over a period of two or three days. The registrants should void the urine in the presence of the physicians.)

- (c) Irremediable stricture of the urethra.
- (d) Urinary fistula.
- (e) Gonorrheal arthritis which is of itself disqualifying.
- (f) Surgical kidney with or without renal calculus.
- (g) Irremediable pyelitis.
- (h) Cancer.
- (i) Hydronephrosis.
- (j) Tumors of the kidney.
- (k) Tuberculosis of the kidney, ureter, bladder, seminal vesicles, or testicles.

(l) Acute nephritis which is proved by observation and reexamination not to be temporary in character.

sened muscular power of varying degrees; more or less atrophy of muscles, with or without contraction and evidences of trophic changes of the skin. The reflexes, deep and superficial, may be diminished or absent; the sphincters are not involved.

Existent organic nervous disease should always exclude.

For example, neuritis, of one or many nerves, while susceptible of recovery without resultant defect, is none the less a cause for rejection as long as it exists.

129. Certain after effects of organic nervous disease need not be causes for rejection provided (1) that the disease is no longer operative and is not likely to recur, (2) that the effect left by it does not prevent a satisfactory fulfillment of military duties. Examples of such conditions are paralysis of a few unimportant muscles following poliomyelitis, slight unilateral hypertonicity as a result of an infantile hemiplegia in a man now robust, and various traumatic conditions. (See Sections 72 (c) and 74 (o).)

XVII. LUNGS AND CHEST WALL.

130. Registrants who on examination are found to present the following conditions shall be **unconditionally accepted** for general military service:

- (a) Normal lungs.
- (b) Normal pleura.
- (c) Normal bronchi.
- (d) Acute bronchitis.
- (e) Hay fever.

(f) Scars of operation of empyema which have been healed for one year or longer when the function of the lung is good.

(g) Acute pleurisy with effusion, provided the acceptance of the registrant shall be temporarily delayed for observation and re-examination and there is finally established evidence satisfactory to the examiners that the pleurisy and the effusion have entirely disappeared. (See Sec. 133.)

(h) Fracture of the rib or ribs, provided the acceptance of the registrant is temporarily deferred until a final examination shows recovery with or without deformity, and provided the deformity, if any, does not interfere with respiratory movements.

(i) Benign tumors of the breast or of the chest wall, provided the enlargement does not interfere with the wearing of a uniform or military equipment.

(j) Small, palpable lymph glands of the axilla which apparently do not interfere with the general health.

(k) Syphilitic periostitis of rib or ribs, sternum or clavicle.

131. Registrants who on examination are found to present the following remediable defects, who are otherwise mentally and physically fit, may be **conditionally accepted** for general military service in the deferred remediable group:

~~(a)~~ Typhoid periostitis of rib or ribs.

(b) Tumor of the breast or of the chest wall with such enlargement as to interfere with the wearing of a uniform or military equipment.

132. Registrants who on examination are found to present the following defects shall be **unconditionally rejected** for all military service:

~~(a)~~ Tuberculosis of the lungs.

~~(b)~~ Tuberculous pleurisy.

(c) Unhealed sinuses of the chest wall following operation for empyema.

~~(d)~~ Chronic bronchitis with emphysema.

~~(e)~~ Chronic asthma associated with chronic bronchitis and emphysema.

~~(f)~~ Fetid bronchitis.

~~(g)~~ Bronchiectasis.

~~(h)~~ Syphilis of the lung.

~~(i)~~ Actinomycosis.

~~(j)~~ Hydatid cysts.

~~(k)~~ Restricted respiratory movements of chest due to deformity of the chest as a result of fracture of ribs or other injuries.

~~(l)~~ Tuberculosis of the ribs.

~~(m)~~ Cancer.

133. When Local Boards are in doubt concerning the physical condition of registrants who present defects of the lungs, pleura, or bronchi, they should be referred to the Medical Advisory Boards, or to a member or members thereof.

134. Inasmuch as pleurisy, with or without effusion, is a very frequent incidence of early tuberculosis, physicians of Local Boards and Medical Advisory Boards should examine with the greatest care registrants who have apparently recovered from pleurisy.

135. The following information concerning methods of examination of the lungs and the interpretation of the findings are presented for the guidance of examiners:

136. The examiners should be extremely careful to reject registrants with manifest pulmonary tuberculosis for all military service and to accept for military service registrants who allege tuberculosis as a ground for exemption or discharge on the basis of insufficient or incorrectly interpreted signs and symptoms.

Men who desire to serve their country may conceal, from patriotic motives, symptoms of tuberculosis which they know or suspect to exist. Some tuberculous patients will seek enlistment with a view to obtaining treatment and a pension. Some soldiers who have volunteered may repent their action and allege symptoms of tuber-

115. Moron.—An individual whose mental development is that of a child not over eight years of age, as measured by the Binet-Simon test, is not competent to learn nor to perform the duties required of a soldier.

116. Idiocy.—A registrant shall be declared an idiot who has been so defective in mind from birth or from early age that he is unable to guard himself against common physical danger.

117. Imbecility.—A registrant shall be declared an imbecile who has been so defective in mind from birth or early age as to be incapable of earning a livelihood but at the same time is able to guard himself against common physical danger.

118. Chronic alcoholism.—A registrant shall be declared a sufferer from chronic alcoholism when he presents a majority of the following symptoms and signs: Suffused eyes; prominent superficial blood vessels of nose and cheek; flabby, bloated face; red or pale purplish discoloration of mucous membrane of the pharynx and soft palate; muscular tremor of the protruded tongue and extended fingers; tremulous handwriting.

The history or evidence presented that the registrant has been frequently and grossly intoxicated is not of itself sufficient proof for the diagnosis of chronic alcoholism.

CLINICAL FORMS OF INSANITY.

119. Dementia precox.—Look for indifference, apathy, withdrawal from environment, ideas of reference and persecution, feelings of the mind being tampered with, of thought being controlled by hypnotic, spiritualistic, or other mysterious agencies, hallucinations of hearing, bodily hallucinations, frequently of electrical or sexual character; meaningless smiles; in general, inappropriate emotional reaction and lack of connectedness in conversation. There may be sudden emotional or motor outbursts. The history of family life and of school, vocational, and personal career will usually show erratic and more or less irrational conduct.

120. Manic-depressive insanity.—Look for mild depression, with or without feeling of inadequacy, or mild manic states with exhilaration, talkativeness, and overactivity.

ORGANIC DISEASES OF THE BRAIN, SPINAL CORD, AND PERIPHERAL NERVES.

121. Paresis (general paralysis).—The diagnosis of paresis may be made when at the examination of the registrant a majority of the following signs and symptoms are demonstrated: Argyll-Robertson pupil or pupils, facial tremor, speech defect in test phrases, and in the slurring and distortion of words in conversation; writing

(j) Very slight harshness of respiratory sounds with prolonged expiration in the lower paravertebral regions of both lungs posteriorly, most marked at about angle of scapula, disappearing a short distance above that point, equal on both sides, or slightly more marked at the angle on one side, more frequently the left.

138. The apices.—The attention of examiners is particularly invited to the necessity of exercising great conservatism in their interpretation of physical signs over the apices. Interpretation of such signs as indicating active tuberculosis would in many cases do the Government great injustice, leading to the exclusion of men who are fit for service.

The only trustworthy sign of active apical tuberculosis is the presence of persistent moist râles.

139. Indications from X-ray negatives.—The X ray shows (1) tuberculous disease confined to region of hilus in deep lung; (2) extension upward toward apex or downward and outward toward base, confined to deep lung; (3) a fine line or two extending to apex with or without small focus or foci there—condition not determinable by physical signs; (4) clouding of apex without marked lines from hilus, probably largely pleuritic; (5) well-marked lines extending to superficies of apex, usually, but not necessarily, with foci there—lesion accessible to physical examination; (6) lines extending toward shoulder as well as apex—(a) if confined to deep lung may mean early and now healed exacerbation—(b) if extending to superficies denote larger lesion and less immunity than 5; (7) more or less widely diffused spots, lines, and streaks through a considerable portion of lower lobe approaching periphery of lung, with few or no auscultatory signs—deep peribronchial tuberculosis; (8) more extensive streaked opacities involving greater part of one or both lungs and extending to periphery with few or many physical signs—fibrocaseous tuberculosis, fibrosis preponderating in proportion to scantiness of more or less rounded spots or dots.

Conditions as shown by 1, 2, 3, 4, and 6 (a) are not causes for rejection. Cases under 5 are to be determined by physical examination. Cases under 6 (b), 7, and 8 are to be rejected.

XVIII. HEART AND BLOOD VESSELS.

140. The following procedure should govern in the examination of the heart:

(a) Location and determination of character of apex impulse.

(b) Auscultation of the heart sounds over apex, lower sternum, and second and third interspaces to right and left of sternum, noting accentuation of sounds and murmurs.

culosis with a view to securing discharge. Some registrants may be expected to claim the existence of tuberculosis as a ground for exemption, and may fortify their claims by certificates of physicians and by radiographs. Such certificates, etc., must not be accepted, but draft examiners must satisfy themselves as to the physical qualifications of registrants by their personal examinations. There will probably be many cases in which pulmonary tuberculosis will have been diagnosticated on the ground of subjective symptoms and of physical signs which are normal or indicate unimportant and healed lesions of some kind.

It is necessary, therefore, that conclusions of the examiner shall be based only on physical signs, sputum examinations, and radiographs. Statements of the subject as to symptoms will not be accepted as proof of the existence of tuberculosis unless supported by objective evidence.

It is the duty of examiners to protect the interests of the Government by preventing men from entering the service who have manifest tuberculosis. It is equally their duty to prevent the escape from service on the ground of tuberculosis of men who present slight or doubtful deviations from the normal. It is therefore necessary to insist that recommendations for discharge for tuberculosis of otherwise apparently healthy and vigorous men shall be based only upon the presence of definite and plainly marked signs of pulmonary lesions.

137. The following signs will not be regarded as evidence of pulmonary disease in the absence of other signs in the same portion of the lungs:

(a) Slightly harsh breathing, slightly prolonged expiration over the right apex above the clavicle anteriorly and to the third dorsal vertebra posteriorly. The same signs at the extreme apex left side.

(b) Same signs second interspace right anteriorly near sternum (proximity of right main bronchus).

(c) Increased vocal resonance, slightly harsh breathing immediately below center of left clavicle.

(d) Fine crepitations over sternum heard when stethoscope touches the edge of that bone.

(e) Clicks heard during strong respiration or after cough in the vicinity of the sternocostal articulations.

(f) The so-called atelectatic râles at the apex during the first inspiration which follows a deeper breath than usual or a cough.

(g) Sounds resembling râles at base of lung (marginal sounds), especially marked in right axilla, limited to inspiration.

(h) Similar sounds heard at apex of heart on cough (lingula).

(i) Slightly prolonged expiration at left base posteriorly.

(j) Very slight harshness of respiratory sounds with prolonged expiration in the lower paravertebral regions of both lungs posteriorly, most marked at about angle of scapula, disappearing a short distance above that point, equal on both sides, or slightly more marked at the angle on one side, more frequently the left.

138. The apices.—The attention of examiners is particularly invited to the necessity of exercising great conservatism in their interpretation of physical signs over the apices. Interpretation of such signs as indicating active tuberculosis would in many cases do the Government great injustice, leading to the exclusion of men who are fit for service.

The only trustworthy sign of active apical tuberculosis is the presence of persistent moist râles.

139. Indications from X-ray negatives.—The X ray shows (1) tuberculous disease confined to region of hilus in deep lung; (2) extension upward toward apex or downward and outward toward base, confined to deep lung; (3) a fine line or two extending to apex with or without small focus or foci there—condition not determinable by physical signs; (4) clouding of apex without marked lines from hilus, probably largely pleuritic; (5) well-marked lines extending to superficies of apex, usually, but not necessarily, with foci there—lesion accessible to physical examination; (6) lines extending toward shoulder as well as apex—(a) if confined to deep lung may mean early and now healed exacerbation—(b) if extending to superficies denote larger lesion and less immunity than 5; (7) more or less widely diffused spots, lines, and streaks through a considerable portion of lower lobe approaching periphery of lung, with few or no auscultatory signs—deep peribronchial tuberculosis; (8) more extensive streaked opacities involving greater part of one or both lungs and extending to periphery with few or many physical signs—fibrocaseous tuberculosis, fibrosis preponderating in proportion to scantiness of more or less rounded spots or dots.

Conditions as shown by 1, 2, 3, 4, and 6 (a) are not causes for rejection. Cases under 5 are to be determined by physical examination. Cases under 6 (b), 7, and 8 are to be rejected.

XVIII. HEART AND BLOOD VESSELS.

140. The following procedure should govern in the examination of the heart:

(a) Location and determination of character of apex impulse.

(b) Auscultation of the heart sounds over apex, lower sternum, and second and third interspaces to right and left of sternum, noting accentuation of sounds and murmurs.

(c) Inspection of root of neck and upper thorax and percussion of first interspace on each side of manubrium for evidence of aneurysm.

(d) Count of radial pulse, observation of its rhythm, and palpation of radial arteries for unusual thickening or high tension.

(e) Exercise test: Hopping 100 times on one foot. At close count heart rate with stethoscope over apex, listening for murmurs and noting how long tachycardia and unusual dyspnea persist. After two minutes neither should be marked. Examiners should use judgment and discretion in applying the exercise test to registrants who, in the preliminary examination, present evidence of incompetency of the heart. Registrants should not be placed in jeopardy, but at the same time the exercise test is an important factor in determining the condition of the heart.

141. Registrants who on examination show the following conditions, who are otherwise mentally and physically fit, shall be **unconditionally accepted** for general military service:

(a) Normal heart. (A heart shall be considered normal when the apex impulse is within the left nipple line and not below the fifth interspace, not heaving in character, with normal sounds, free from murmurs, absence of pulsation or dullness above the base of the heart, regular pulse of normal rate, no unusual thickening of the arteries or evidence of high blood pressure, and a normal response to the exercise test.)

(b) A pulse rate of 100 or over which is not persistent. (A pulse rate of 100 or over may be temporary and due to a recent infection, such as typhoid fever or local infections about the nose, mouth, and throat.)

(c) A pulse rate of 50 or under which is proved to be the natural pulse rate of the registrant or to be temporary or due to the use of drugs.

(d) Sinus irregularity. (This consists in a quickening of the pulse rate during inspiration and a slowing during expiration and is best recognized with the registrant recumbent and breathing deeply.)

(e) Old thrombophlebitis of one extremity unassociated with any evidence of persistence of the cause thereof or of obstruction in the involved vein or veins.

142. Registrants who on examination are found to present the following defects, if otherwise physically fit, may be accepted for special and limited military service, unless the degree of disability is obviously disqualifying.

(a) Intermittent claudication.

(b) Raynaud's disease.

143. Registrant who on examination are found to present the following defects shall be unconditionally rejected for all military service:

(a) Circulatory failure evidenced by definite symptoms such as a combination of breathlessness, marked cyanosis or edema.

(b) Hypertrophy and dilatation of the heart evidenced by displacement of the apex impulse to the left of the nipple line or below the sixth rib, and of a heaving or diffuse character.

(c) A persistent heart rate of 100 or over when this is proved to be persistent in the recumbent posture and on observation and reexamination over a sufficient period of time.

(d) A persistent pulse rate of 50 or under proved to be due to heart block.

(e) Complete irregularity of the pulse when this is found to be due to auricular fibrillation.

(f) Valvular disease, as evidenced by characteristic murmurs, enlargement of the heart, and a lack of the normal response to exercise.

(g) Arteriosclerosis and hypertension evidenced by a tense pulse, persistent systolic blood pressure above 160 m. m., accentuation of the aortic second sound when the registrant is in quiet recumbency.

(h) Thrombophlebitis of one or more extremities if there is a persistence of the thrombus or any evidence of obstruction of circulation of the involved vein or veins.

(i) Aneurysm of the arch of the aorta or of any other large vessel.

144. When Local Boards are in doubt concerning the physical fitness of registrants who suffer from defects due to conditions of the heart or blood vessels, they shall refer them to the Medical Advisory Boards.

145. It is incumbent upon Local Boards and Medical Advisory Boards:

(a) To accept for service men who have been recommended for rejection because of supposed defects which do not indicate disease and do not impair the individual's ability to undergo severe bodily exertion.

(b) To exclude from active service in the Army any registrant affected with disease of the heart or blood vessels which impairs his ability to undergo severe bodily exertion.

146. Men who desire to serve their country may from patriotic motives endeavor to conceal a known valvular lesion which has given no symptoms. On the other hand, men drafted for service may allege or feign symptoms to obtain exemption. Registrants may be expected to present physicians' certificates to substantiate the existence of valvular disease. Many of these may be given in good faith because of inadequate knowledge of the significance of certain frequent murmurs. Such certificates will not be accepted, but draft examiners must satisfy themselves by their personal examinations as to the physical qualifications of registrants.

147. It is necessary, therefore, that the conclusions of the examiner shall be based on objective evidence in the widest sense, including both physical signs, cardiac rhythm, measurement of the blood pressure, and the observed effect of effort. Nevertheless, in the presence of questionable signs or symptoms, the history, especially of past rheumatic fever, may be a factor in the final decision. No statements of the subject, however, will be accepted as proof of the existence of a cardio-vascular defect, unless supported by objective evidence.

148. Since it is the duty of examiners to protect the interests of the Government by preventing men from entering the service whose circulatory systems may be expected to break down under strain, and equally by preventing the exemption or discharge of fit subjects because of unimportant deviations from the normal, it will be necessary for them to exercise every care in the interpretation of their findings and to bear in mind constantly the murmurs and other departures from the supposed normal which may occur in perfectly healthy hearts.

149. *Principles of interpretation of symptoms and signs referable to the heart.*—The following principles are laid down for the guidance of examiners in their interpretation of abnormal signs and symptoms: In many cases the interpretation must be purely individual and based on the cumulative evidence of a number of relatively slight deviations from the normal. It can not be too strongly insisted on that, given a heart of normal size and responding normally to effort, any murmur that is heard should be considered accidental and insignificant unless it can be positively demonstrated that it is a mitral or aortic diastolic murmur. It should also be constantly borne in mind that the excitement of the examination may produce violent and rapid heart action, often associated with a transient systolic murmur, which conditions may erroneously be attributed to the effects of exertion. They will usually disappear promptly in the recumbent posture, but the examiner must be shrewd to distinguish the excitable individuals and take measures to eliminate psychic influences from the test so far as possible.

150. *Hypertrophy and dilatation of the heart.*—Impulse to the left of the nipple line or below the sixth rib and of heaving character is cause for rejection. Its cause, either valvular disease or hypertension in the majority of cases, should be sought for. It should not be made a primary diagnosis unless careful examination fails to reveal a cause.

151. *Valvular diseases.*—Cardiac murmurs are the most certain physical signs by which valvular disease may be recognized and its location determined, but murmurs are very frequent in the absence of valvular lesions and may occur in perfectly healthy hearts, especially under the influence of excitement and exertion. Such

accidental murmurs are always systolic in time. The most frequent of these are:

(a) Those heard at the apex on excitement, especially when recumbent.

(b) Those heard over the second and third left interspaces during expiration, disappearing during forced inspiration. These are particularly common in men with flexible chests, who can produce extreme forced expiration and under such circumstances may be associated with definite thrill.

(c) Systolic accentuation of the respiratory murmur, especially on inspiration, heard near the apex or over the back.

Systolic murmurs as described in subparagraphs (a), (b), and (c) are not indicative of defects which shall disqualify a registrant for general military service.

Systolic murmurs unassociated with enlargement of the heart, alteration of the first sound, accentuation of the pulmonic second sound, or abnormal response to exercise may also be considered as without significance.

152. Other systolic murmurs:

(a) Loud systolic murmurs, audible at the apex and in the left back, if associated with any enlargement of the heart, with snapping first sound, or accentuation of the pulmonic second sound, constitute a disqualifying defect. (See Section 142 (f).)

(b) Systolic murmurs at the base, except as specified above, especially those heard in the second right intercostal space, require more careful scrutiny. They may be due to disease of the aortic valves. In this case they should be harsh, conveyed well into the neck, associated with an aortic diastolic murmur, with thrill, or with a marked enfeeblement of the aortic second sound. They are more often due to dilatation of the aorta, either syphilitic or arteriosclerotic. The other signs of dilatation should then be sought—increased dullness in the first and second interspaces to either side of the manubrium, pulsation in this area, accentuation of the aortic second sound. In doubtful cases X-ray examination and Wassermann test should be made.

153. All diastolic murmurs, at apex or base, including presystolic murmurs, shall be considered evidence of valvular disease. The secondary signs should be sought for, viz, enlargement of one or both sides of the heart, alteration of the first or second sound, particularly a snapping first sound and accentuated pulmonic second sound in mitral disease, and the characteristic pulse of aortic insufficiency. In doubtful cases a definite history of rheumatic fever may be given weight. The exact diagnosis should be noted on the record.

154. It should be borne in mind that the characteristic presystolic murmur in certain cases of mitral stenosis may not be audible during

rest. It is therefore important, in every doubtful case, that auscultation be made immediately after the exercise test and in both the erect and the recumbent positions. On the other hand, many cases of tachycardia or overacting heart present physical signs very suggestive of mitral stenosis (sharp, tapping apex beat, sharp, loud first sound, suggestion of apical thrill, etc.), and the diagnosis of mitral stenosis should not be made unless a distinct presystolic or diastolic murmur is heard.

XIX. GENERAL.

155. Registrants who on examination are found to present the following condition who are otherwise mentally and physically fit shall be **unconditionally accepted** for general military service:

(a) Malaria, acute or chronic.

156. Registrants who on examination are found to present the following defects who are otherwise mentally and physically fit may be **accepted** for special and limited military service:

(a) Secondary anemia, due to hemorrhoids or any other remediable cause.

(b) Debility due to recent illness or to employment or environment in civil life.

(c) Hemophilia.

157. Registrants who on examination are found to suffer from the following defects shall be **unconditionally rejected** for all military service:

(a) Pellagra.

(b) Leukemia of all clinical types.

(c) Progressive pernicious anemia.

(d) Splenic anemia.

(e) Cancer.

(f) Tuberculosis.

(g) Irremediable metallic poisoning.

158. Registrants who are confined from injury or illness to their homes, hospitals, or other institutions for the care of the sick shall be examined and dealt with for the conditions or defects found, as indicated in Chapters III to XXI, inclusive.

XX. TEMPORARY DEFECTS.

159. Registrants who are confined from injury or illness to their homes or hospitals or other institutions for the care of the sick and are found to suffer from temporary defects should be granted a reasonable delay for the purpose of completing the physical examination.

160. Registrants who are reported to the Local Boards or to the Medical Advisory Boards to be confined to their homes or to hospitals or in-

stitutions for the care of the sick because of contagious, communicable, or reportable diseases, should not be ordered to appear before Local Boards or Medical Advisory Boards until they shall have been discharged by health authorities having jurisdiction.

161. Registrants who are convalescent from diphtheria should not be inducted into military service until three negative cultures in succession, at intervals of three days, shall have been obtained from the throat.

162. When Local Boards or Medical Advisory Boards are unable to command the facilities for making throat cultures of registrants recovering from diphtheria, the cultures should be sent by mail to municipal laboratories or to those of the State or of the United States Public Health Service.

XXI. PURPOSELY CAUSED PHYSICAL DEFECTS.

163. Whenever it shall appear to a Local Board or to a Medical Advisory Board that a registrant is suffering from self-inflicted or purposely caused physical defects which, under the Standards of Physical Examinations, would render him disqualified for military service of any kind, a full statement of the facts and of the condition of the registrant and of the Board's recommendation shall be prepared and attached to Form 1010, and one copy of Form 1010, with such statement attached, shall immediately be sent by the Local Board to the Adjutant of the State to be transmitted to the Provost Marshal General in order that the case may be submitted to the Surgeon General and The Adjutant General of the Army for a waiver of the physical defects, if recommended, so that the registrant may be compelled to render military service. (See Note 2, Sec. 128½ S. S. R., p. 63, herein.)

XXII. NOTES ON MALINGERING.

164. Malingerers may be divided into three general groups:

(a) Real malingerers with nothing the matter with them, who injure themselves, or make allegations respecting diseases or such conditions as drug taking, or who counterfeit disease with full consciousness and responsibility; all for the purpose of evading military service. Many of these have been coached.

(b) Psychoneurotics, who are natural complainers and try to get out of every disagreeable thing in life. Perhaps only partially conscious of the nature or the seriousness of what they do and only partly responsible. In many the motives are not persistent and many can be made into good soldiers.

(c) Confirmed psychoneurotics with long history of nervous breakdowns and illnesses who behave like class (a), but more persistently, and from whom not much can be expected in the way of reconstruction.

165. The detection and management of medical cases depends upon the absence of positive findings in one who presents the general characteristics of the malingerer. There is especial need for the physical examination to be thorough in this group. Some of the cardiac cases at first regarded as malingerers were pronounced later by the cardiovascular board to have mitral stenosis, and similarly proper tests have shown the existence of gastric ulcer in cases which were under suspicion of fraud. The estimation of the reality of rheumatic pains is always a difficult matter.

166. *Surgical*.—Under this are included old scars and injuries of the bones, fractures, and orthopedic conditions.

NOTE.—For the detection of malingerers, in tests of vision and hearing, see paragraphs 27 to 34, inclusive, 40, and 41.

167. *Artificially created conditions*.—Men shoot or cut off their fingers or toes, practically always on the right side, to disqualify themselves for service. Sometimes they put their hands under cars for this purpose. Many men have their teeth pulled out. Retention of urine is simulated. Egg albumen is injected into the bladder or put in urine. Glucose is added to urine. Digitalis, thyroid gland preparations, and strophanthus are taken to cause disturbance of the heart and cantharides to cause albuminuria. The skin is irritated by various substances, which are also injected under it to create abscesses. Various substances are taken to bring about purging. An appearance of hemoptysis may be produced by adding blood, either human or that of animals, to the sputa. Sometimes merely coloring matter is added. Those who can vomit voluntarily what they swallow use the same means to create the appearance of hematemesis. Similarly, coloring matters may be added to the stools. Mechanical and chemical irritants are made use of to cause inflammation about practically all the body orifices. Jaundice may be simulated by taking picric acid. Crutches, spectacles, trusses, strappings, etc., are made use of to create the appearance of disability. (See sec. 165.)

168. *Detection*.—Wounds are rarely self-inflicted when witnesses are present, consequently it is almost impossible to be certain of the motive behind these. Artificial jaundice is to be recognized by the demonstration of picric acid in the urine.

169. *Bed wetting*.—A frequent complaint among registrants for military service but not a cause for rejection.

170. The surest means of detecting malingering is a thorough understanding by the examiner of the types of people who actually do it—and the way they behave. It is only in the feigned diseases of the eye and ear that special tests are required. Observation in hospital is necessary in difficult cases. The vast bulk of malingerers are those who exaggerate some actual defect, and the problem for the medical

examiner is to decide whether the defect complained of is sufficient cause for rejection for service. Persons of intelligence and education have more difficulty in deceiving, as they are bound to express themselves freely. If they are reticent in these matters they arouse suspicion by their reticence. Those who talk freely may be counted on to say things at variance with the existence of the disease of which they complain.

171. Whenever it shall appear to a Local Board or to a Medical Advisory Board that a registrant is endeavoring to escape service by malingering, if otherwise mentally and physically fit, he shall be inducted. A full statement of the facts shall be prepared and attached to each copy of Form 1010. (See Section 128½, Note 3, S. S. R.)

NERVOUS AND MENTAL.

172. *Insanity*.—Rarely feigned by registrants and then of an extremely silly, foolish type. In cases of doubt, hospital observation is necessary with verified past records. Mental defects are frequently feigned, especially by illiterates. Organic diseases of the central nervous system can not be simulated.

173. *Pain and hyperesthesia*.—The most frequent of all complaints. History inconsistent, ordinary traces of suffering absent. Absence of other symptoms usually accompanying types of pain complained of. Absence of objective evidence of localized pains. Note behavior when the registrant believes himself unobserved.

174. *Anesthesia*.—Complaint of anesthesia itself creates a suspicion of malingering, as most patients with anesthesia are ignorant of it.

175. *Epilepsy*.—Men who have sustained head injury are very apt to claim fits. These complaints may be in reference to grand mal or petit mal. Petit mal attacks are spoken of as fainting attacks. In grand mal attacks there is loss of pupil response to light, knee jerks are lost, and the Babinsky reflex may be present.

176. *Hysteria*.—Not feigned in itself, but its existence creates confusion as to malingering. The question to be decided is whether the registrant is too seriously affected with the neurosis to be useful as a soldier. Often, even when the physical symptoms are most pronounced (paralysis), cure is still possible.

177. *Stiff backs*.—Stiff back is a frequent symptom of hysteria in the present mobilization among selected men. In cases of this kind organic disease of the vertebræ can and should be excluded, if necessary, by the X ray.

APPENDIX.

IMPORTANT SECTIONS OF THE SELECTIVE SERVICE REGULATIONS AND RULES OF PROCEDURE RELATING TO PHYSICAL EXAMINATIONS, AND PERTAINING TO MEDICAL EXAMINERS AND LOCAL, DISTRICT, AND MEDICAL ADVISORY BOARDS.

Section 25. Correspondence rules of the Office of the Provost Marshal General.

Rule A. Except as specifically provided in these Regulations, all communications intended for the Provost Marshal General concerning the execution of the Selective Service Law within a State emanating from individuals within the State or from Local and District Boards or other officials engaged within any State in the execution of the Selective Service Law, must be directed to the Adjutant General of the State for reference to the Provost Marshal General. (See sec. 31.) Correspondence sent in violation of this rule to the office of the Provost Marshal General will be returned to the writer.

NOTE 1.—War Department rules governing correspondence require that all communications be forwarded in duplicate. (Circular Letter, June 21, 1918.)

Section 29. Governor to District State and Recommend Appointment of Members of Medical Advisory Boards.

Each State shall be carefully districted with due regard to communication and hospital facilities for the erection of a number of Medical Advisory Boards compacted with a view to the equitable and practical distribution of the work of reexamination as provided herein and to the convenience of registrants and economy to the Government in sending registrants before such boards. Members of Medical Advisory Boards will be nominated by the Governor and appointed by the President in accordance with instructions to be hereafter communicated to the Governors.

A member of the Medical Corps of the Army will be assigned as Medical Aide to the Governor of each State. Medical Aides will be required to perform the following functions:

(a) To establish close relations with all examining physicians of their States.

(b) To recommend meetings of examining physicians for the purpose of discussing the medical problems of the draft and for the clearing up of doubtful points.

(c) To visit Local and Medical Advisory Boards; to observe these at work; and to advise with examining physicians.

(d) To recommend to Governors the replacement of weak examining physicians; to arrange for additional examining physicians where needed; to hasten the operations of physical examinations where such are unduly slow or delayed.

(e) To study the causes of rejections at camps, with a view to the detection of inefficiency in the physical examination of registrants.

(f) To perform such other duties in connection with physical examinations of drafted men as may be required of them.

NOTE 1.—Medical Advisory Boards in each State should be designated by numbers (consecutively, with no use of a general number and letters for divisions of counties and cities). Each Board should be notified of the number assigned it and should be required to use this number designation on all vouchers and receipts sent to the Office of the Provost Marshal General. (Circular Letter April 18, 1918.)

NOTE 2.—Appointments to and removals from Medical Advisory Boards can not be made without reference to the President through the Office of the Provost Marshal General. The Regulations require members of said Boards to be nominated by the governor and appointed by the President. (Circular Letter April 18, 1918.)

NOTE 3.—The Medical Aide to the Governor should be the instrument of direct communication between the Governor or his adjutant general and the Local Boards and Medical Advisory Boards in all matters concerning questions relating to that part of the Selective Service Regulations which pertains to the physical examinations of registrants. (Circ. Letter May 8, 1918.)

NOTE 4.—Class 1 registrants who are physically disqualified for general military service but qualified for limited military service and also specially qualified for such clerical and administrative work may be inducted into service either as privates or in noncommissioned grades for clerical and administrative work at States Headquarters and the Local, District, and Medical Advisory Boards, such induction to take place under rules and regulations issued for that purpose. (Telegram B-2682, August 19, 1918, and Circ. Letter August 29, 1918.)

NOTE 5.—Officers of the Medical Corps ordered to report as Medical Aides to Governors are assigned to duty subject to the orders of Governors to whom they should report for instruction. Such officers will be governed solely by instructions from Governors and Adjutants General concerning all matters connected with Medical Advisory Boards. (Telegram A-100, December 4, 1917.)

NOTE 6.—Draft Executives will supply Medical Aides with copies of all modifications of regulations and with rules governing physical examinations.

Section 33. Status of members of Local and District Boards.

Section 6 of the Selective Service Law provides that:

* * * All persons designated or appointed under regulations prescribed by the President, whether such appointments are made by the President himself or by the governor or other officer of any State or Territory to perform any duty in the execution of this Act, are hereby required to perform such duty as the

President shall order or direct, and all such officers and agents and persons so designated or appointed shall hereby have full authority for all acts done by them in the execution of this Act by the direction of the President. * * * Any person charged as herein provided with the duty of carrying into effect any of the provisions of this Act or the regulations made or directions given thereunder who shall fail or neglect to perform such duty * * * or who, in any manner, shall fail or neglect fully to perform any duty required of him in the execution of this Act, shall, if not subject to military law, be guilty of a misdemeanor, and upon conviction in the District Court of the United States having jurisdiction thereof be punished by imprisonment for not more than one year, or, if subject to military law, shall be tried by court-martial and suffer such punishment as a court-martial may direct.

Under this authority members of boards are as effectively drafted for this duty as are registrants who are selected for military service and as such are entitled and should be given deferred classification whenever certified by the Governor of the State as necessary in the administration of the Selective Service Law. Appointments and changes in membership of boards will be made by the President upon the recommendation of the Governor. Applications for relief from such appointments should be made to the Governor, who should investigate the circumstances and recommend relief only in cases involving hardship. Applications for such relief will be considered only when submitted through the Governor. The telegraph should be used in making these recommendations only in cases whose urgency seems to justify the additional expense.

NOTE 1.—Responding to a request that the commissioning of medical members of Draft Boards be discontinued for the present, except in instances where the Provost Marshal General consents, the Surgeon General stated that every effort would be made to carry out the wishes of the Provost Marshal General, and that local examiners for the Department of War would be requested in forwarding the papers of applicants for appointment in the Medical Corps to indicate whether or not the applicant is a member of a Local Board. (Circular Letter, August 23, 1918.)

Section 42. Additional examining physicians.

In addition to the licensed physician who is a member of the board or if no licensed physician is a member of the board, the Governor or the Local Board shall designate and appoint additional examining physicians, subject to removal by the Governor at his pleasure.

It shall be the duty of persons thus designated to act as examining physicians of the Local Board for which they are designated, and they may be compensated at rates hereinafter prescribed. (See sec. 196.) In addition to the number of physicians that may be thus designated and compensated under the above authority, volunteer physicians in any convenient number may be utilized for the examination of registrants upon appointment as aforesaid.

Examining physicians (unless actually appointed by the President *as members of boards*) are not to be considered as members of such

boards. They should take the oath prescribed in section 14 of these regulations. They shall have no vote on any question to be decided by said board. (See secs. 122, 124.) Their report on the physical examination of a registrant is advisory only.

NOTE 1.—The services of volunteer dentists to aid in physical examination of registrants by Local Boards may be utilized, but they are not members of Local Boards and have no vote. (See Form 75.)

Section 43. Clerical Assistants for State Headquarters and for District, Local, and Medical Advisory Boards.

(a) When authorized by the Governor on and after September 1, 1918, as prescribed in section 198 hereof, there may be employed the necessary clerks for State Headquarters, District Boards, Local Boards, and Medical Advisory Boards: *Provided*, That no clerk shall be paid at a rate in excess of that fixed for clerks of Local Boards in paragraph (c) of this section without specific authority of the Provost Marshal General in each case. (For entire section, see S. S. R., second edition.)

Section 44. Medical Advisory Boards.

There have been provided in the various counties, cities, and other localities throughout the United States, Medical Advisory Boards, who will examine registrants sent to them by Local Boards or State Adjutants General for examination, and will advise such Local Boards or State Adjutants General concerning the physical condition of such registrants. (See secs. 123 and 182.)

NOTE 1.—The personnel of the Medical Advisory Boards should be kept at all times as full as efficiency demands. Members of these Boards who hold commissions in the Medical Corps, when assigned by the Surgeon General to active duty, automatically cease to be members of the Boards. Vacancies on the Boards thus created may be filled as provided in section 29, *supra*.

NOTE 2.—In those States and localities where it is impossible to organize an Advisory Board with a complete personnel of qualified specialists it is not expected that the Advisory Board will be able to carry out the complete directions for the physical examination of those registrants who require it. In this emergency the Medical Aid to the Governor, with the latter's authorization, should make provision, if possible, for the registrant to be examined by competent specialists who may not be members of Advisory Boards. The Advisory Boards should, whenever practicable, examine registrants at the established headquarters of the Board, which by preference should be a general hospital. In certain emergencies the registrant may be sent elsewhere for special examination, such as taking a roentgenogram, eye and ear tests, etc.

NOTE 3.—A dentist should be appointed as a member of every Medical Advisory Board wherever possible. Membership of Medical Advisory Boards is not limited as to number and dentists may be added to Boards already appointed. (Telegram A-189, Dec. 5, 1917.)

Section 46. Duties of lawyers and physicians generally.

The selection and classification of men for military service is an undertaking that should be regarded as a systematized effort of the

citizenry of the whole Nation organized and compacted to meet the present emergency. Every citizen has a duty to give his best endeavor to the success of this undertaking according to his qualifications and talents. All lawyers and physicians should regard it as their duty to identify themselves with the Advisory Boards provided for in sections 44 and 45, and freely and without compensation to give their best service to the Nation. It is inconsistent with this duty for lawyers to seek clients for the purpose of urging and advocating individual cases in any other way than as disinterested and impartial assistants of the Selective Service System.¹

Lawyers and physicians will render a most valuable assistance by giving their services to Local Boards and to the Medical Advisory Boards provided in section 44 hereof. They should be scrupulously careful in making affidavits and furnishing other proof of a medical character to registrants in support of claims of physical disqualification and respecting physical condition or infirmities of dependents.

Section 122. Physical examination

Beginning on such date or dates as the Provost Marshal General shall hereafter fix for the beginning of the physical examination of all or any number or proportion of registrants, and after a registrant has been placed in Class I by a Local Board (regardless of any appeal) the Local Board shall mail to the last known address of any registrant placed in Class I a notice (Form 1009, p. 226, sec. 281) to appear for physical examination at a time and place to be designated in said notice (which time shall be five days from the date of the mailing of the notice, unless otherwise ordered by the Provost Marshal General), and shall enter the date of mailing of said notice in column 19 of the Classification List.

Upon appearance of the registrant he shall be examined as provided in Part VIII hereof and in Form 75, and the date of his examination shall be entered in column 20 of the Classification List. The examining physician shall immediately enter his report and recommendation in triplicate on the report of physical examination (Form 1010, p. 227, sec. 282).

The same procedure as to physical examination provided in these regulations for registrants in Class I shall also apply to all registrants who have been placed in a class more deferred than Class I, so soon as the immediately preceding or earlier class has been exhausted by calls into the military service and not before, except as provided in sections 128, 149, and 150.

NOTE 1.—Whether the examining physician of the Local Board is in doubt or not as to the physical qualification of a registrant for military service, he shall nevertheless definitely report the registrant either as qualified or disqualified, and if he is in doubt as to such qualification or disqualification, he may request

¹ The provisions of the last sentence apply with equal force to physicians.

to have the registrant sent before a Medical Advisory Board or a member or members thereof as prescribed in section 123.

NOTE 2.—Registrants in Classes II, III, and IV will not be physically examined except upon general order issued by the Provost Marshal General, or when special call is made for the induction into military service of registrants in such classes, unless under the provisions of section 128.

NOTE 3.—The entry by the registrant on the Questionnaire of the claim for physical disqualification is not to be construed as a claim from which an appeal lies to the District Board on account of the refusal of the Local Board to classify the registrant in Class 5-G. Appeals from classification on physical grounds may be made as provided in sections 122 to 128, inclusive, and not otherwise. (Telegram A-2142, Jan. 3, 1918.)

NOTE 4.—See sections 141, 142, and 143 for provisions relating to transfer of physical examination, physical examination of registrants residing abroad, and physical examination of mariners actually employed on the Great Lakes.

.Section 123. Sending doubtful cases to a Medical Advisory Board.

If the examining physician is in doubt as to whether the registrant is to be held for military service, or if the Government Appeal Agent or two members of the Local Board are dissatisfied with the finding of the examining physician, the examining physician, Government Appeal Agent, or members of the Local Board, may apply to the Local Board to have the registrant sent before the nearest Medical Advisory Board or any member or members thereof (provided in sections 29 and 44 hereof) for a further examination.¹ Such application shall be made by entering it in the place provided in Form 1010 (p. 227). Thereupon the Local Board shall, unless it decides by unanimous vote that the case is one in which there is no room for reasonable doubt, immediately send the registrant before such Medical Advisory Board, or some member or members thereof, forwarding to the Medical Advisory Board, or such member or members thereof, the examining physicians report (Form 1010, p. 227) in triplicate and, where necessary, furnishing the registrant with transportation and meals and lodging tickets for the time during which he will be before such Medical Advisory Board, or member or members thereof, in no case to exceed three days.

If the registrant is held to be physically disqualified by the examining physician, the Local Board shall, unless it decides by unanimous vote that the disqualification is such as to leave no room for reasonable doubt, send the registrant before such Medical Advisory Board, or some member or members thereof, in the manner just provided.

Upon reference of a case from a Local Board as just provided, the Medical Advisory Board, or the member or members thereof, to whom such registrant has been sent, shall examine the registrant, record its or their findings in triplicate on Form 1010 (p. 227), and return all

¹ A registrant no longer has the right or privilege of applying to be sent to a Medical Advisory Board.

three copies of Form 1010 (p. 227) to the Local Board, with the conclusion and recommendation in the case.

NOTE 1.—Circular letter, January 9, 1918, prohibiting issuance of transportation requests for more than one way for sending of selected men to camps does not nullify section 123, which provides for the sending of men to Medical Advisory Boards. In these cases the Local Board will issue two transportation requests, one each way. This rule is made necessary to prevent the possibility of unauthorized use of Government transportation other than for selected men or for men being sent to Medical Advisory Boards, or a member or members thereof. (Circular letter, Jan. 21, 1918.)

Section 124. Finding by Local Board as to physical qualification.

Upon receipt of the report and recommendation of the Medical Advisory Board as provided in section 123, or, if the case has not been sent to the Medical Advisory Board, or a member or members thereof, then upon the receipt of the report of the examining physician, the Local Board shall make its decision as to the physical qualification of the registrant. If the registrant is found physically disqualified for general military service, the Local Board shall cancel the cross mark (X) or cipher (0) which has already been entered in a classification column by drawing a red-ink line through such cross mark or cipher and shall enter the classification of the registrant in Class V, column 12. (See sec. 102.) If the registrant is found to be physically disqualified for general military service, but qualified to perform special and limited military service (see sec. 128½), his place in the classification column shall not be changed, but the Local Board shall, with red ink, inscribe a bold circle around the cross mark (X) or cipher (0) in such classification column. (See sec. 188, Part VIII.)¹

NOTE 1.—Once in every month the Local Board shall send one copy of Form 1010 for each case covering a registrant who has been finally classified in V (G) and not theretofore so sent, to the draft executive, who shall assemble these and transmit them to the Surgeon General of the Army, Washington, D. C. The draft executive shall keep a nominal check list of such cases.

While men found disqualified for general military service but qualified for special and limited military service are not placed in Class V, they are subject to induction into military service only when a specific call for men qualified for special or limited military service only is made.

If the finding of the Local Board is not in accord with the recommendation of the Medical Advisory Board, and an appeal is taken to the District Board from the decision of the Local Board as to the physical qualifications of the registrant, the Local Board shall make a special report to the District Board of its reason for rejecting the recommendation of the Medical Advisory Board.

The Local Board shall, on the day of its decision as to the physical qualification of any registrant, mail to such registrant a notice (Form 1011, sec. 283, p. 231) of the result of such decision and shall enter

¹ See section 128½ for deferred remediable group.

the date of such mailing in column 21 of the Classification List (Form 1000, p. 188.)

NOTE 1.—See section 128½ concerning deferred remediable group.

Section 125. Appeal from finding of Local Board as to physical qualifications.

Within five days after the date of the notice prescribed in section 124 any registrant may make a claim of appeal to the District Board from the finding of the Local Board as to his physical qualification for military service. Claim of appeal shall be made by entering the claim in the place provided for that purpose on all three copies of the physical examination report (Form 1010, sec. 282, p. 227). The Government Appeal Agent may make a claim of appeal on behalf of the United States at any time.

Immediately upon filing of an appeal from the decision of the Local Board as to physical qualification, the Local Board shall transmit to the District Board all three copies of the record of physical examination (Form 1010, p. 227) in the case, together with any additional evidence as to physical qualification which may have been submitted to the Local Board, and shall enter the date of forwarding such record in column 22 of the Classification List and in the place provided on the Cover Sheet.

NOTE 1.—The entry of the registrant on the Questionnaire of a claim of physical disqualification is not to be construed as a claim from which an appeal lies to the District Board from the refusal of the Local Board to classify the registrant in Class V (G). Appeals from classification on physical grounds may be made as provided in sections 122 to 128, inclusive, and not otherwise. (Telegram A-2142, Jan. 3, 1918.)

Section 126. Action by District Board upon appeal as to physical qualification.

In considering a case appealed on the ground of physical qualification, the District Board shall neither conduct any new physical examination nor shall it receive or consider any evidence which was not considered by the Local Board, but shall, upon consideration of the record sent to it as prescribed in section 125, either affirm, modify, or reverse the decision of the Local Board and promptly enter its finding on all three copies of Form 1010 (p. 227), and immediately return the same to the Local Board.

Section 127. Procedure of Local Board on return of physical examination record from District Board.

If the action of the District Board on appeal as to physical qualification changes or affects the classification of the registrant (see sec. 124), the Local Board shall make the necessary changes in the Classification List. Whether the action of the District Board changes or affects the Classification by the Local Board or not, the Local Board shall mail to the registrant a notice (Form 1011, sec. 283, p. 231) of the result of the decision by the District Board, and shall enter the date of mailing of such notice in column 23 of the Classification List.

Section 128. Physical examination of persons not in Class I.

Local Boards may, upon the application of registrants in Classes II, III, or IV, examine such registrants physically, pass upon their physical qualifications, and, if they are found to be permanently disqualified, to classify them in Class V. (See sec. 79.) This is not a right of the registrant, but it is a privilege that may be accorded by the Local Board where the according of the privilege will not interfere with the prompt and orderly execution of the Selective Service Law.

Section 128½. Grouping of registrants.

The Regulations governing physical examinations prescribe a standard of unconditional acceptance and a standard of unconditional rejection. Certain cases found, upon physical examination by a Local Board, falling between these two standards may be referred by the Local Board to the Medical Advisory Board or to some member in the same manner as other cases that are required or authorized by these Regulations so to be referred. Cases so referred as falling between these two standards, and cases referred to Medical Advisory Boards, or member thereof, under the other provisions of these Regulations, shall be examined by the Medical Advisory Boards or such member or members thereof, who shall advise the Local Boards to:

(a) Accept the registrant as physically qualified for general military service; or

(b) Accept the registrant as physically qualified for general military service when cured of ——— (naming remediable defect for which acceptance is authorized); or

(c) Accept the registrant as physically qualified for special or limited military service in a named occupation or capacity; or

(d) Reject the registrant;
and shall record their finding in the proper spaces provided on Form 1010.

Local Boards shall find a registrant physically qualified for general military service (Rule *a* above) only when he falls within the standard of unconditional acceptance as prescribed in sections 182 to 188, inclusive, as further explained and amplified by the Standards of Physical Examination, including cases of slight remediable defects not included under foregoing Rule *b*.

Local Boards shall find a registrant physically qualified for general military service when cured of a remediable defect (Rule *b* above) only in those cases when such acceptance is specifically authorized: namely, when a registrant is found to fall within the "Deferred remediable group."

When a Medical Advisory Board, or a member or members thereof, to whom a registrant has been sent determine that a registrant should be accepted for general military service when cured of such

remediable defects (Rule *b* above) the Medical Advisory Board, or such member or members, shall insert in ink in the space provided on page 2 of Form 1010, under the general heading, "Physical examination by **Medical Advisory Board**," and the following words: "Physically qualified for general military service," the words "when cured of ———" followed by the name or diagnosis of the remediable defect, which name or diagnosis is to be followed by a circle in black ink. Upon return to the Local Board of the record (Form 1010, p. 227) in such a case, and if the finding of the Medical Advisory Board, or such member or members thereof, is confirmed by the Local Board, the registrant's place in the classification column shall not be changed, but the Local Board shall, **with black ink**, inscribe a bold circle around the cross mark (X) or cipher (0) in such classification column; and such registrant shall be inducted into military service after his order number is reached, but only at such time as may be designated by a call issued by the Provost Marshal General.

Registrants shall be found "physically qualified for special or limited military service" (Rule *c* above) only in those cases described in the Standards of Physical Examination, and in such cases the Boards shall designate the occupation or class of service for which such persons are physically qualified in the space provided on Form 1010 (p. 227) after the words "physically qualified for special or limited military service as ———," and the same shall be indicated on the Classification List as provided by section 124.

Registrants shall be found as physically deficient and not physically qualified for military service (Rule *d* above) only when they fall within the standards of unconditional rejections as prescribed in sections 182 to 188, inclusive, as further explained and amplified by the Standards of Physical Examination.

When a Medical Advisory Board or a member or members thereof delay the examination of a registrant on account of temporary defects, it or they must return to the proper Local Board Form 1010 (p. 227), with a statement attached thereto (but not written thereon) stating the reason for delay and fixing a definite period of time within which the registrant may be sent back to it or them. At the end of said period, or earlier, if it believes the temporary defect is removed, the Local Board shall send the registrant back to the Medical Advisory Board, unless the Local Board believes that the examination should be further delayed or that further reference to the Medical Advisory Board is unnecessary, and may proceed without further reference.

Local Boards may accept a registrant as physically qualified for special or limited military service in a named occupation or capacity without reference to the Medical Advisory Board.

NOTE 1.—The foregoing regulations clearly indicate the four groups into which registrants should be grouped by Local, District, and Medical Advisory

Boards as a result of the physical examinations in accordance with the Manual of Standards of Physical Examination.

In other words, Group A shall contain registrants found to be qualified for general military service within the standards of unconditional acceptance, including registrants with slight remediable defects.

Registrants with slight remediable defects shall be held physically qualified for general military service, if not remedied pending orders.

All registrants coming within the foregoing definition and as specifically indicated in the instructions in the Manual are to be included in Group A and reported as physically qualified for general military service in the place indicated on Form 1010 (p. 227).

Group B shall contain registrants who are found to be physically qualified for general military service when cured of some remediable defect which is of such a character that it must be remedied or cured before the registrant can be ordered into service.

Group C shall contain registrants who are found not to be within the standard of unconditional acceptance on account of defects which are not remediable nor sufficiently incapacitating to bring them within the condition of unconditional rejection. This is the group of registrants who may be found to be qualified for special or limited military service.

Group D shall contain all registrants coming within the standards of unconditional rejection and includes all cases not included in Groups A, B, and C. Such registrants must be reported on Form 1010 (p. 227) as "Physically deficient and not physically qualified for military service by reason of ——" (the reason for the disqualification to be stated in the blank provided).

In arriving at their decisions concerning the physical qualifications of registrants Boards must be governed, as to the grouping of registrants, by the specific instructions contained in Manual of Standards of Physical Examinations.

NOTE 2.—Whenever it shall appear to a Local Board or to a Medical Advisory Board that a registrant is suffering from self-inflicted or purposely caused physical defects which, under the Standards of Physical Examinations, would render him disqualified for military service of any kind, a full statement of the facts and of the condition of the registrant and of the Board's recommendation shall be prepared and attached to Form 1010 (p. 227), and one copy of Form 1010, with such statement attached, shall immediately be sent by the Local Board to the Adjutant of the State to be transmitted to the Provost Marshal General in order that the case may be submitted to the Surgeon General and The Adjutant General of the Army for a waiver of the physical defects, if recommended, so that the registrant may be compelled to render military service.

NOTE 3.—When in the opinion of the Local Board the registrant is believed to be feigning disease or illness or physical defect, which can not be detected by careful examination, the Local Board shall note on Form 1010 its opinion that registrant is feigning in order to avoid service. (See sec. 171, Form 75.)

NOTE 4.—The foregoing sections 122 to 128, inclusive, and sections 141–143 relate to the procedure concerning physical examinations. For rules and standards as to physical qualifications governing examining physicians, see Part VIII, sections 182 to 188, inclusive, and Form 75, "Standards of Physical Examination."

NOTE 5.—Great care must be taken in observing the difference in the standards of physical examination as between registrants to be inducted into the Army and those to be inducted into the Navy.

Section 177. Disposition of registrants rejected or discharged from military service at a mobilization camp.

When any selected man, prior to acceptance, is rejected at a mobilization camp, the commanding officer thereof shall promptly notify his Local Board of the fact, cause (stating at length the details), and date of rejection, on Form 1029-A, and the Provost Marshal General, on Form 1029-B. When any selected man is, subsequent to acceptance, discharged at a mobilization camp, the commanding officer thereof shall similarly notify the Local Board, using Form 1029-C, and the Provost Marshal General, using Form 1029-D. (Sec. 305, p. 254.)

Immediately upon receipt of notice of the rejection or discharge of any selected man, the Local Board shall reclassify the registrant in accordance with his status as determined by the action of the military authorities in rejecting or discharging him and shall then proceed in the following manner:

(a) If the rejection or discharge was because of physical disqualification, the Local Board shall reclassify the registrant in class I and shall direct him to appear before it for further physical examination, and if, after thorough physical reexamination, the Local Board discovers the physical defect found by the examining surgeon at the mobilization camp, the classification as determined by the commanding officer of the mobilization camp shall stand. If, after thorough physical reexamination, the Local Board does not discover the disqualifying defect, it shall refer the registrant to a Medical Advisory Board or a member or members thereof for exhaustive reexamination, advising the Medical Advisory Board or such member or members of the fact that the registrant has been rejected at the mobilization camp and specifically stating the cause of rejection as reported by the commanding officer. The Medical Advisory Board or such member or members shall make an exhaustive examination of the registrant, particularly as regards the physical disqualifications as found by the examining surgeon at the mobilization camp and shall report its findings to the Local Board. The Local Board shall proceed to a decision as to the physical qualifications of the registrant and shall forward the record to the District Board for approval or disapproval of its findings. Upon the return of the record from the

District Board the Local Board shall reclassify the registrant in accordance with the findings of the District Board.

(b) If the rejection or discharge at the mobilization camp was because of any reason other than that of physical disqualification the Local Board shall proceed to an investigation of the case, and if in the opinion of the Local Board an error was made in the rejection or discharge the entire record shall be referred to the Adjutant General of the State, who, if he approves the findings of the Local Board, shall refer the record to the commanding officer of the mobilization camp for his consideration, recommendation, and return through the Adjutant General of the State to the Local Board.

In all cases so referred to the commanding officer of the mobilization camp and not returned by him within a reasonable time, or returned by him without recommendation, or returned by him with a recommendation disapproving the findings of the Local Board, the Adjutant General of the State shall, if in his opinion the same be necessary, forward the entire record to the Provost Marshal General for instructions as to further procedure.¹

Section 182. Preliminary statement.

In view of the contemplation of a further investigation and classification of registrants physically qualified for special and limited military service who have not the physical qualifications for general military service, and in view of the decision to accept some registrants for general military service with remediable defects, who are otherwise physically and mentally qualified for military service, the following new regulations for the physical examination of registrants by the physician of the Local Board becomes necessary:

Local Boards can accept registrants for general military service only when they come within the standards for unconditional acceptance, with or without remediable defects.

Local Boards can reject registrants for general military service only when the registrant comes within the standards of unconditional rejection.

Local Boards may accept registrants for special and limited military service, but must refer all doubtful cases to the Medical Advisory Board or a member or members thereof.

Physicians on the Local Board are not required to make a complete examination of every registrant. The moment the physician on the Local Board finds a mental or a physical defect placing the registrant within the standards of unconditional rejection the physician on the Local Board shall indicate this in Form 1010 (sec. 282, p. 227), after "physically deficient and not physically qualified for

¹ If any doubt arises as to rejected men, their cases may be taken up directly with the camp commander, or the facts communicated to this office, as may be most expedient.

military service by reason of," and shall in the space following, write the disqualifying defect.

In all other cases the Local Board shall make a complete examination of registrants; and, when the physician of the Local Board finds a defect which does not come within the standards of unconditional rejection but does take the registrant out of the class within the standards of unconditional acceptance, he shall proceed to make a complete examination and may then, if in doubt, refer the registrant to the Medical Advisory Board, or a member or members thereof, reporting the result of the complete examination, including a report of the defect or defects on Form 1010 (p. 227).

Registrants can not be declared physically qualified for general military service (see Form 1010, sec. 282, p. 227, S. S. R.) until the complete examination has been made by the physician on the Local Board, with the finding that the candidate comes in every instance within the standards of unconditional acceptance with or without remediable defect. Then, it is so noted and recorded on Form 1010 (sec. 282, p. 227, S. S. R.), and if there is a remediable defect this is also recorded after "physically qualified for general military service."

Section 183. Place, order, and method of examination.

For material, see Form 75, "Standards of Physical Examination."

Section 184. Causes for rejection.

For material, see Form 75, "Standards of Physical Examination."

Section 185. Dental requirements.

For material, see Form 75, "Standards of Physical Examination."

Section 186. Degree of deficiency for disqualification.

In these regulations the standards for unconditional rejection which place the registrant in the class physically deficient and not physically qualified for military service are clearly defined. When the Local Board is in any doubt, the registrant should be referred to the Medical Advisory Board, or a member or members thereof. The attention of Local Boards and examining physicians is called to section 123.

Section 187. Temporary defects.

Registrants confined to their homes or hospitals, or who present themselves with some temporary defect, the result of an acute disease, injury, or operation, or who are waiting for operation, should be granted a reasonable delay for completing the physical examination.

All of these cases should be thoroughly investigated by the physician on the Local Board.

Registrants with contagious, communicable, reportable diseases should not be ordered before the Local Board for examination until they are discharged by the boards of health.

Registrants recovering from diphtheria should not be ordered to the cantonments until three negative cultures at intervals of three days have been obtained from the throat and nose. In localities where there is no provision for this bacteriological work, consult the municipal or State health authorities, or United States Public Health Service.

Section 188. Special and limited military service.

In view of the importance of a thorough investigation and classification of registrants belonging to this group, Local Boards are required to refer to the Medical Advisory Boards, or some member or members thereof, all such registrants concerning whose qualifications there may be doubt.

The physician of the Local Board is urged to consult with the Medical Advisory Board about this group and to familiarize himself with the specific regulations concerning special and limited military service.

NOTE 1.—See section 177 and Form 75, "Standards of Physical Examination."

NOTE 2.—For rules of procedure concerning physical examinations, see sections 122 to 128½ and 141 to 143, inclusive.

NOTE 3.—Great care must be taken in observing the difference in the standards of physical examination as between registrants to be inducted into the Army and those to be inducted into the Navy. (See sec. 5.)

Section 196. Examining physicians—Rate of pay.

It is the duty of any physician who is a member of a Local Board to make physical examinations, and additional examining physicians should be compensated only where acceptable gratuitous service can not be obtained, and where, in accordance with section 42, the compensation of an examining physician in addition to the physician member of the board is authorized.

Physician members of Local Boards and examining physicians not members of Local Boards may receive compensation at the rate of \$1 per hour for each hour that they are actually present at the office of the Board and fully engaged in the duties of making physical examinations, but not in any case to exceed \$7.50 for any single day or \$150 for any single month.

NOTE 1.—The compensation provided in the above section for physician members of Local Boards is in addition to that provided for their services as members of Local Boards under section 195 of these regulations, subject, however, to the provisions of note to section 190 of these regulations.

RULES OF PROCEDURE FOR MEDICAL ADVISORY BOARDS.

(1) Read carefully the Selective Service Regulations (S. S. R.), particularly the following sections: 25, 29, 33, 42, 43 (a), 44, 46, 122 to 128½, 177, 182, 186 to 188, 196. For ready reference all of these sections are reprinted in this appendix.

(2) Medical Advisory Boards shall consist of three or more physicians. The desirable minimum consists of one each of the following specialists: Internist; eye, ear, nose, and throat; orthopedist; surgeon; psychiatrist; radiographer; dentist. Additional Medical Advisory Boards may be formed. The membership of existing boards may be increased as necessity may indicate, but should not exceed 10 members. (See sec. 29, S. S. R.) When a Medical Advisory Board believes that other boards should be created, or additional members added to existing boards, it should recommend the same to the governor through the Medical Aide.

(3) Each board should select one member as chairman, one as vice chairman, and one as secretary. Sessions will be held only when necessary for the conduct of general business.

(4) Request to the governor for authority to employ clerical assistance and incur other expenses should be made only when absolutely necessary. Do not incur any expense until authorized by the governor. (See secs. 43(a), 198, 204, and 208, S. S. R.) Stationery will be supplied by the Adjutant General.

(5) No communications concerning the business of Medical Advisory Boards should be addressed to any department or official in Washington. Except for their communications with Local Boards and Medical Aides, Medical Advisory Boards must address all official communications of every character, whether reports, recommendations, or requests for instructions or for interpretations to the Adjutant General of the State, who will either respond thereto or transmit the same to the proper authority. (See sec. 29, Note 3, S. S. R.)

(6) A place will be selected as headquarters of the board where sessions may be held and physical examinations conducted. This should be preferably a hospital or similar institution, where proper and careful examinations can be made. It ought not to be necessary to pay rental for such headquarters; but in the event that no free quarters can be obtained, application must be made through the Adjutant General of the State to the governor for authority to incur expense for rent. Physical examinations should be conducted at headquarters of the board when practicable; exceptionally, when necessity for prompt action exists, an Advisory Board member may conduct his part of the examination at his office.

(7) A majority of the board shall constitute a quorum. The board shall decide all disputed questions by vote. The chairman need not vote except to break a tie.

(8) It shall not be necessary for all or a majority of a board to be present at or to participate in the examination of a registrant. Such registrant may be referred to the appropriate member or members, whose opinion is desired.

(9) Any member of the board can sign Form 1010, reporting the result of physical examination by the Medical Advisory Board, designating the signer as follows: "Chairman," "vice chairman," "secretary," or "member."

(10) Form 1010 will be promptly completed by the Medical Advisory Board, or by the member or members who have examined the registrant, and will be at once returned in triplicate to the Local Board by which issued. If registrant has been examined at the request of the Adjutant General, Form 1010, when completed by the Medical Advisory Board, shall be returned in triplicate to the Adjutant General. (See sec. 137, S. S. R.)

(11) If clerks are employed they are to be on duty at place of meeting daily, except Sundays and legal holidays, from 9 a. m. to 5 p. m., and shall keep all records and conduct all correspondence under the direction of the board.

(12) No permanent record is required to be kept by Medical Advisory Boards except a minute book, which shall contain a list of registrants whose examination has been completed, and another list of those whose examination is delayed on account of temporary defects. The following, or substantially equivalent form, which is not supplied but must be written or typewritten, will be entered in the book as a record of formal meetings.

Date of meeting _____	Convened _____ M.	Adjourned _____ M.
Present (members of board).	Arrived.	Left.
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-----	-----	-----
-----	-----	-----
-----	-----	-----

BUSINESS TRANSACTED.

Names of cases referred by the Local Board_____
Number finally acted on_____
Names of cases referred by registrar or Appeal Agent_____
Number finally acted on_____
Names of cases referred by The Adjutant General_____
Number finally acted on_____
Names of cases transferred from Local Boards_____
Number finally acted on_____

(13) Medical Advisory Boards must conduct all their proceedings in strict accordance with the Standards of Physical Examinations and the Selective Service Regulations.

(14) All inquiries, requests for interpretations, reports, and communications of every character (except those with Local Boards)

must be addressed to the Governor or State Adjutant General, through the medical aid to the governor. When necessary, such communications will be forwarded through proper channels to the Provost Marshal General. (See sec. 25, S. S. R.)

(15) Definite and explicit instructions with respect to headquarters, expenses, correspondence, and standards of examinations will be found in the text of Form 75 and the Selective Service Regulations.

(16) When registrants referred to the Advisory Board present themselves with some temporary defect, the result of a recent acute disease, injury, or operation, the Local Board should be advised to grant a reasonable time for recovery before the final examination by the Medical Advisory Board is made.

(17) When Local or Advisory Boards can not command the facilities at the hospital headquarters for making throat cultures of registrants recovering from an attack of diphtheria as directed in section 187 in the Regulations for Local Boards, the cultures from the throats of such registrants may be sent by mail to municipal laboratories or to those of the State or of the United States Public Health Service.

(18) The Medical Advisory Board may employ section 187, S. S. R., "Temporary Defects," when they desire to grant the registrant a reasonable delay for completing the physical examination when it is difficult or impossible to come to a definite conclusion when the registrant first presents himself to the Medical Advisory Board.

(19) Whenever possible examinations should be completed within one day. Medical Advisory Boards in those districts in which the registrants must be sent from a distance should suggest to their Local Boards to hold registrants under section 187, S. S. R., for a reasonable time until the examination can be so completed.

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BRITISH AND CANADIAN CONVENTIONS.

PART I.

CONVENTION RELATING TO THE SERVICE OF CITIZENS OF THE UNITED STATES IN GREAT BRITAIN AND OF BRITISH SUBJECTS IN THE UNITED STATES.

The President of the United States of America and His Majesty the King of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas, Emperor of India, being convinced that for the better prosecution of the present war it is desirable that citizens of the United States in Great Britain and British subjects in the United States shall either return to their own country to perform military service in its Army or shall serve in the Army of the country in which they remain, have resolved to enter into a convention to that end, and have accordingly appointed as their plenipotentiaries, the President of the United States of America, Robert Lansing, Secretary of State of the United States; and His Britannic Majesty, the Earl of Reading, Lord Chief Justice of England, High Commissioner and Ambassador Extraordinary and Plenipotentiary on Special Mission to the United States, who, after having communicated to each other their respective full powers, found to be in proper form, have agreed upon and concluded the following articles:

ARTICLE I.

All male citizens of the United States in Great Britain and all male British subjects in the United States, shall, unless before the time limited by this convention they enlist or enroll in the forces of their own country or return to the United States or Great Britain, respectively, for the purpose of military service, be subject to military service and entitled to exemption or discharge therefrom under the laws and regulations from time to time in force of the country in which they are: *Provided*, That in respect to British subjects in the United States the ages for military service shall be for the time being 20 to 44 years, both inclusive: *Provided, however*, That no citizen of the United States in Great Britain and no British subject in the United States who, before proceeding to Great Britain or the United States, respectively, was ordinarily resident in a place in the possessions of the United States or in His Majesty's dominions, respectively, where the law does not impose compulsory military service shall, by virtue of this convention, be liable to military service under the laws and regulations of Great Britain or the United States, respectively: *Provided, further*, That in the event of compulsory military service being applied to any part of His Majesty's dominions in which military service at present is not compulsory, British subjects who before proceeding to the United States were ordinarily resident in such part of His Majesty's dominions, shall thereupon be included within the terms of this convention.

Registrants recovering from diphtheria should not be ordered to the cantonments until three negative cultures at intervals of three days have been obtained from the throat and nose. In localities where there is no provision for this bacteriological work, consult the municipal or State health authorities, or United States Public Health Service.

Section 188. Special and limited military service.

In view of the importance of a thorough investigation and classification of registrants belonging to this group, Local Boards are required to refer to the Medical Advisory Boards, or some member or members thereof, all such registrants concerning whose qualifications there may be doubt.

The physician of the Local Board is urged to consult with the Medical Advisory Board about this group and to familiarize himself with the specific regulations concerning special and limited military service.

NOTE 1.—See section 177 and Form 75, "Standards of Physical Examination."

NOTE 2.—For rules of procedure concerning physical examinations, see sections 122 to 128½ and 141 to 143, inclusive.

NOTE 3.—Great care must be taken in observing the difference in the standards of physical examination as between registrants to be inducted into the Army and those to be inducted into the Navy. (See sec. 5.)

Section 196. Examining physicians—Rate of pay.

It is the duty of any physician who is a member of a Local Board to make physical examinations, and additional examining physicians should be compensated only where acceptable gratuitous service can not be obtained, and where, in accordance with section 42, the compensation of an examining physician in addition to the physician member of the board is authorized.

Physician members of Local Boards and examining physicians not members of Local Boards may receive compensation at the rate of \$1 per hour for each hour that they are actually present at the office of the Board and fully engaged in the duties of making physical examinations, but not in any case to exceed \$7.50 for any single day or \$150 for any single month.

NOTE 1.—The compensation provided in the above section for physician members of Local Boards is in addition to that provided for their services as members of Local Boards under section 195 of these regulations, subject, however, to the provisions of note to section 190 of these regulations.

RULES OF PROCEDURE FOR MEDICAL ADVISORY BOARDS.

(1) Read carefully the Selective Service Regulations (S. S. R.), particularly the following sections: 25, 29, 33, 42, 43 (a), 44, 46, 122 to 128½, 177, 182, 186 to 188, 196. For ready reference all of these sections are reprinted in this appendix.

(2) Medical Advisory Boards shall consist of three or more physicians. The desirable minimum consists of one each of the following specialists: Internist; eye, ear, nose, and throat; orthopedist; surgeon; psychiatrist; radiographer; dentist. Additional Medical Advisory Boards may be formed. The membership of existing boards may be increased as necessity may indicate, but should not exceed 10 members. (See sec. 29, S. S. R.) When a Medical Advisory Board believes that other boards should be created, or additional members added to existing boards, it should recommend the same to the governor through the Medical Aide.

(3) Each board should select one member as chairman, one as vice chairman, and one as secretary. Sessions will be held only when necessary for the conduct of general business.

(4) Request to the governor for authority to employ clerical assistance and incur other expenses should be made only when absolutely necessary. Do not incur any expense until authorized by the governor. (See secs. 43(a), 198, 204, and 208, S. S. R.) Stationery will be supplied by the Adjutant General.

(5) No communications concerning the business of Medical Advisory Boards should be addressed to any department or official in Washington. Except for their communications with Local Boards and Medical Aides, Medical Advisory Boards must address all official communications of every character, whether reports, recommendations, or requests for instructions or for interpretations to the Adjutant General of the State, who will either respond thereto or transmit the same to the proper authority. (See sec. 29, Note 3, S. S. R.)

(6) A place will be selected as headquarters of the board where sessions may be held and physical examinations conducted. This should be preferably a hospital or similar institution, where proper and careful examinations can be made. It ought not to be necessary to pay rental for such headquarters; but in the event that no free quarters can be obtained, application must be made through the Adjutant General of the State to the governor for authority to incur expense for rent. Physical examinations should be conducted at headquarters of the board when practicable; exceptionally, when necessity for prompt action exists, an Advisory Board member may conduct his part of the examination at his office.

(7) A majority of the board shall constitute a quorum. The board shall decide all disputed questions by vote. The chairman need not vote except to break a tie.

(8) It shall not be necessary for all or a majority of a board to be present at or to participate in the examination of a registrant. Such registrant may be referred to the appropriate member or members, whose opinion is desired.

(9) Any member of the board can sign Form 1010, reporting the result of physical examination by the Medical Advisory Board, designating the signer as follows: "Chairman," "vice chairman," "secretary," or "member."

(10) Form 1010 will be promptly completed by the Medical Advisory Board, or by the member or members who have examined the registrant, and will be at once returned in triplicate to the Local Board by which issued. If registrant has been examined at the request of the Adjutant General, Form 1010, when completed by the Medical Advisory Board, shall be returned in triplicate to the Adjutant General. (See sec. 137, S. S. R.)

(11) If clerks are employed they are to be on duty at place of meeting daily, except Sundays and legal holidays, from 9 a. m. to 5 p. m., and shall keep all records and conduct all correspondence under the direction of the board.

(12) No permanent record is required to be kept by Medical Advisory Boards except a minute book, which shall contain a list of registrants whose examination has been completed, and another list of those whose examination is delayed on account of temporary defects. The following, or substantially equivalent form, which is not supplied but must be written or typewritten, will be entered in the book as a record of formal meetings.

Date of meeting _____	Convened _____ M.	Adjourned _____ M.
Present (members of board).	Arrived.	Left.
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

BUSINESS TRANSACTED.

Names of cases referred by the Local Board _____
 Number finally acted on _____
 Names of cases referred by registrar or Appeal Agent _____
 Number finally acted on _____
 Names of cases referred by The Adjutant General _____
 Number finally acted on _____
 Names of cases transferred from Local Boards _____
 Number finally acted on _____

(13) Medical Advisory Boards must conduct all their proceedings in strict accordance with the Standards of Physical Examinations and the Selective Service Regulations.

(14) All inquiries, requests for interpretations, reports, and communications of every character (except those with Local Boards)

must be addressed to the Governor or State Adjutant General, through the medical aid to the governor. When necessary, such communications will be forwarded through proper channels to the Provost Marshal General. (See sec. 25, S. S. R.)

(15) Definite and explicit instructions with respect to headquarters, expenses, correspondence, and standards of examinations will be found in the text of Form 75 and the Selective Service Regulations.

(16) When registrants referred to the Advisory Board present themselves with some temporary defect, the result of a recent acute disease, injury, or operation, the Local Board should be advised to grant a reasonable time for recovery before the final examination by the Medical Advisory Board is made.

(17) When Local or Advisory Boards can not command the facilities at the hospital headquarters for making throat cultures of registrants recovering from an attack of diphtheria as directed in section 187 in the Regulations for Local Boards, the cultures from the throats of such registrants may be sent by mail to municipal laboratories or to those of the State or of the United States Public Health Service.

(18) The Medical Advisory Board may employ section 187, S. S. R., "Temporary Defects," when they desire to grant the registrant a reasonable delay for completing the physical examination when it is difficult or impossible to come to a definite conclusion when the registrant first presents himself to the Medical Advisory Board.

(19) Whenever possible examinations should be completed within one day. Medical Advisory Boards in those districts in which the registrants must be sent from a distance should suggest to their Local Boards to hold registrants under section 187, S. S. R., for a reasonable time until the examination can be so completed.

ARTICLE I.

All male citizens of the United States in Canada (hereinafter called Americans) and all male British subjects in the United States (a) who were born or naturalized in Canada, and who, before proceeding to the United States were ordinarily resident in Great Britain or Canada or in any other part of His Majesty's Dominions to which compulsory military service has been or may be hereafter by law applied, or outside the British Dominions; or (b) who were not born or naturalized in Canada, but who, before proceeding to the United States, were ordinarily resident in Canada (hereinafter called Canadians), shall, unless before the time limited by this convention they enlist or enroll in the forces of their own country or return to the United States or Canada, respectively, for the purpose of military service, be subject to military service and entitled to exemption or discharge therefrom under the laws and regulations, from time to time in force, of the country in which they are: *Provided*, That in respect to Americans, in Canada, the ages for military service shall be the ages specified in the laws of the United States prescribing compulsory military service, and in respect to Canadians in the United States the ages for military service shall be for the time being 20 to 44 years, both inclusive.

ARTICLE II.

Americans and Canadians within the age limits aforesaid who desire to enter the military service of their own country must enlist or enroll or must leave Canada or the United States, as the case may be, for the purpose of military service in their own country before the expiration of 60 days after the date of the exchange of ratifications of this convention, if liable to military service in the country in which they are at the said date; or if not so liable, then before the expiration of 30 days after the time when liability shall accrue; or, as to those holding certificates of exemption under Article III of this convention, before the expiration of 30 days after the date on which any such certificate becomes inoperative unless sooner renewed; or as to those who apply for certificates of exemption under Article III. and whose applications are refused, then before the expiration of 30 days after the date of such refusal, unless the application be sooner granted.

ARTICLE III.

The Government of the United States, through the consul general at Ottawa, and His Britannic Majesty's Government through the British ambassador at Washington, may issue certificates of exemption from military service to Americans and Canadians, respectively, upon application or otherwise, within 60 days from the date of the exchange of ratifications of this convention or within 30 days from the date when such citizens or subjects become liable to military service in accordance with Article I, provided that the applications be made or the certificates be granted prior to their entry into the military service of either country. Such certificates may be special or general, temporary or conditional, and may be modified, renewed,

or revoked in the discretion of the Government granting them. Persons holding such certificates shall, so long as the certificates are in force, not be liable to military service in the country in which they are.

ARTICLE IV.

The Government of the United States and the Government of Canada will, respectively, so far as possible facilitate the return of Canadians and Americans who may desire to return to their own country for military service, but shall not be responsible for providing transport or the cost of transport for such persons.

ARTICLE V.

No citizen or subject of either country who, under the provisions of this convention, enters the military service of the other shall, by reason of such service, be considered, after this convention shall have expired or after his discharge, to have lost his nationality or to be under any allegiance to the United States or to His Britannic Majesty, as the case may be.

ARTICLE VI.

The present convention shall be ratified by the President of the United States of America, by and with the advice and consent of the Senate of the United States, and by His Britannic Majesty, and the ratifications shall be exchanged at Washington or at London as soon as possible. It shall come into operation on the date on which the ratifications are exchanged and shall remain in force until the expiration of 60 days after either of the contracting parties shall have given notice of termination to the other; whereupon any citizen or subject of either country incorporated into the military service of the other under this convention shall be as soon as possible discharged therefrom.

In witness whereof the respective plenipotentiaries have signed the present convention and have affixed thereto their seals.

Done in duplicate at Washington the third day of June, in the year of our Lord nineteen hundred and eighteen.

ROBERT LANSING. [SEAL.]
READING. [SEAL.]

RECESS.

NOTES RELATING TO ARTICLE I.

BRITISH EMBASSY,
Washington, June 3, 1918.

HON. ROBERT LANSING,
Secretary of State of the United States.

SIR: With reference to the military-service convention between the United States and Great Britain signed to-day, I am instructed by His Majesty's Government to explain why the proviso to Article I does not limit the military service of citizens of the United States

in Great Britain to those of the ages specified in the laws of the United States prescribing compulsory military service, as requested by the United States Government. The reason for the omission of this clause in the proviso is a desire to avoid the delay that would be involved in modifying the military service acts, 1916 to 1918, which control the operation of any convention of this character. I beg you, therefore, to be good enough not to press this proposal.

The effect of these acts is to make United States citizens in Great Britain under this convention liable to military service between the ages of 18 and 49, both inclusive. The limitation of the ages of United States citizens in Great Britain for the purpose of military service to those prescribed in the laws of the United States relating to compulsory military service may, however, be attained without amendment of these acts by exercise of the United States of its right of exemption under Article III.

His Majesty's Government understands, therefore, that the United States Government will exercise their right under Article III to exempt from compulsory military service in Great Britain all citizens of the United States in Great Britain outside the ages specified in the laws of the United States prescribing compulsory military service.

I have the honor to be, with the highest consideration, sir,

Your most obedient, humble servant,

READING.

JUNE 3, 1918.

His Excellency the EARL OF READING,

Ambassador of Great Britain on Special Mission:

I have the honor to acknowledge the receipt of Your Excellency's note of this date in regard to the military service convention between the United States and Great Britain, signed to-day, in which you state that you are instructed to explain why the proviso to Article I does not limit the military service of citizens of the United States in Great Britain to those of the ages specified in the laws of the United States prescribing compulsory military service as requested by the United States Government. In explanation Your Excellency states as follows:

The reason for the omission of this clause in the proviso is a desire to avoid the delay which would be involved in modifying the military service acts, 1916 to 1918, which control the operation of any convention of this character. I beg you, therefore, to be good enough not to press this proposal.

The effect of these acts is to make United States citizens in Great Britain under this convention liable to military service between the ages of 18 and 49 years, both inclusive. The limitation of the ages of United States citizens in Great Britain for the purposes of military service to those prescribed in the laws of the United States relating to compulsory military service may, however, be attained without amendment of these acts by the exercise by the United States of its right of exemption under Article III.

Your excellency adds that—

His Majesty's Government understands, therefore, that the United States Government will exercise its right under Article III to exempt from compulsory military service in Great Britain all citizens of the United States in Great Britain outside the ages specified in the laws of the United States prescribing compulsory military service.

In reply I have the honor to inform your excellency that the Government of the United States is pleased to accept this explanation of said Article I, and, in lieu of a clause in this article limiting the military service of citizens of the United States in Great Britain to those of the ages specified in the laws of the United States prescribing compulsory military service, to exercise its right under Article III to exempt from compulsory military service in Great Britain all citizens of the United States in Great Britain outside of the ages specified in the laws of the United States prescribing compulsory military service.

I have the honor to be, with the highest consideration,
Your excellency's most obedient servant,

ROBERT LANSING.

Upon exchange of ratifications a certificate signed by the President in the following form will be issued exempting from military service citizens of the United States in Great Britain outside of the ages specified from time to time by the laws of the United States prescribing compulsory military service for citizens of the United States. In accordance with such certificate and the provisions of Article III of the convention in respect of citizens of the United States in Great Britain certificates of exemption will be issued to citizens of the United States in Great Britain outside the ages specified in the laws of the United States prescribing from time to time compulsory military service for citizens of the United States.

GENERAL CERTIFICATE.

Whereas the convention concluded on June 3, 1918, between the Government of the United States and the Government of Great Britain in respect to compulsory military service of the citizens or subjects of either party in the territories of the other, provides in Article III that:

The Government of the United States and His Britannic Majesty's Government may, through their respective diplomatic representatives, issue certificates of exemption from military service to citizens of the United States in Great Britain and British subjects in the United States, respectively, upon application or otherwise, within 60 days from the date of the exchange of ratifications of this convention, or within 30 days from the date when such citizens or subjects become liable to military service in accordance with Article I, provided that the applications be made or the certificates be granted prior to their entry into the military service of either country.

Such certificates may be special or general, temporary or conditional, and may be modified, renewed, or revoked in the discretion of the Government granting them. Persons holding such certificates shall, so long as the certificates are in force, not be liable to military service in the country in which they are.

And whereas, by an exchange of notes dated June 3, 1918, between the parties of said convention in relation to Article I thereof, it is understood that the Government of the United States will exercise its right under Article III to exempt from compulsory military service in Great Britain all citizens of the United States in Great Britain outside of the ages specified in the laws of the United States prescribing compulsory military service for citizens of the United States.

Now, therefore, I, Woodrow Wilson, President of the United States of America, by virtue of authority of Article III of said convention, hereby certify, in the name of the Government of the United States, that all citizens of the United States in Great Britain outside the ages specified from time to time in the laws of the United States prescribing compulsory military service for citizens of the United States are and shall be exempt from compulsory military service in Great Britain.

CONVENTION
PROVIDING FOR
RECIPROCAL MILITARY SERVICE WITH FRANCE.

The President of the United States of America and the President of the French Republic, being convinced that for the better prosecution of the present war it is desirable that American citizens in France and citizens of France in the United States shall either return to their own country to perform military service in its army or shall serve in the army of the country in which they remain, have resolved to enter into a convention to that end and have accordingly appointed as their plenipotentiaries the President of the United States of America, Robert Lansing, Secretary of State of the United States; and the President of the French Republic, J. J. Jusserand, ambassador extraordinary and plenipotentiary to the United States, who, after having communicated to each other their respective full powers found to be in proper form, have agreed upon and concluded the following articles:

ARTICLE I.

All male citizens of the United States in France and all male citizens of France in the United States shall, unless before the time limited by this convention they enlist or enroll in the forces of their own country or return to the United States or France, respectively, for the purpose of military service, be subject to military service and entitled to exemption or discharge therefrom under the laws and regulations from time to time in force, of the country in which they are: *Provided*, That in respect to citizens of the United States in France the ages for military service shall be the ages specified in the laws of the United States prescribing compulsory military service, and in respect of citizens of France in the United States the ages for military service shall be for the time being twenty to forty-four years, both inclusive.

ARTICLE II.

Citizens of the United States and citizens of France within the age limits aforesaid who desire to enter the military service of their own country must enlist or enroll or must leave France or the United States, as the case may be, for the purpose of military service in their own country before the expiration of sixty days after the date of the exchange of ratifications of this convention, if liable to military service in the country in which they are at said date; or if not so liable, then before the expiration of thirty days after the time when liability shall accrue; or as to those holding certificates of exemption under Article III of this convention, before the expiration of thirty days after the date on which any such certificate becomes inoperative unless sooner renewed; or as to those who apply for certificates of exemption under Article III, and whose applications are refused, then before the expiration of thirty days after the date of such refusal, unless the application be sooner granted.

ARTICLE III.

The Government of the United States and the Government of the French Republic may, through their respective diplomatic representatives, issue certificates of exemption from military service to citizens of the United States in France and citizens of France in the United States, respectively, upon application or otherwise, within sixty days from the date of the exchange of ratifications of this convention or within thirty days from the date when such citizens become liable to military service in accordance with Article I: *Provided*, That the applications be made or the certificates be granted prior to their entry into the military service of either country. Such certificates may be special or general, temporary or conditional, and may be modified, renewed, or revoked in the discretion of the Government granting them. Persons holding such certificates shall, so long as the certificates are in force, not be liable to military service in the country in which they are.

ARTICLE IV.

The Government of the United States and the Government of the French Republic will, respectively, so far as possible, facilitate the return of citizens of France and of the United States who may desire to return to their own country for military service, but shall not be responsible for providing transport or the cost of transport for such persons.

ARTICLE V.

No citizen of either country who under the provisions of this convention enters the military service of the other shall, by reason of such service, be considered, after this convention shall have expired or after his discharge, to have lost his nationality or to be under any allegiance to the United States or to France, as the case may be.

ARTICLE VI.

The present convention shall be ratified by the President of the United States of America, by and with the advice and consent of the Senate of the United States, and by the President of the French Republic, and the ratifications shall be exchanged at Washington or at Paris as soon as possible. It shall come into operation on the date on which the ratifications are exchanged and shall remain in force until the expiration of sixty days after either of the contracting parties shall have given notice of termination to the other. Whereupon any citizen of either country incorporated into the military service of the other under this convention shall be as soon as possible discharged therefrom.

In witness whereof, the respective plenipotentiaries have signed the present convention and have affixed thereto their seals.

Done in duplicate at Washington, the 3d day of September, in the year of our Lord one thousand nine hundred and eighteen.

ROBERT LANSING.
JUSSEF RAND.

A MANUAL

FOR

LEGAL ADVISORY BOARDS

**TO AID MEMBERS IN GIVING ADVICE AND
ASSISTANCE TO REGISTRANTS UNDER
THE SELECTIVE SERVICE LAW**

**Adapted from Pamphlets compiled by the Legal Advisory Boards for
the City of New York and the District of Columbia**

P. M. G. O. Form 92



**WASHINGTON
GOVERNMENT PRINTING OFFICE
1918**

MANUAL FOR LEGAL ADVISORY BOARDS.

GENERAL INSTRUCTIONS.

1. Every lawyer should deem it a privilege and a patriotic duty to stand ready and willing to advise registrants. Registrants should be free to go into any law office and there freely receive the same attention and consideration which the lawyer would give to any client. The lawyers can not forecast the decision of Local or District Boards upon individual cases. They can merely advise generally and aid a registrant in preparing his papers in a conscientious effort to put all the facts before the Board in an intelligent way, so that the Board may reach the proper decision in each case. This can only be done after the member of the Legal Advisory Board has prepared himself with the facts necessary to answer the Questionnaire.

2. There should always be at least one member of the Legal Advisory Board in attendance where a Local Board is sitting during the time Questionnaires are required to be filled out and filed.

3. While Government Appeal Agents should freely and fully advise registrants as to their duties and rights under the Selective Service Law and Regulations, yet they should not actively aid in filling out the Questionnaire of a registrant who is in the jurisdiction of the Local Board to which they are assigned if it is possible to refer the registrant to a member of the Legal Advisory Board for such assistance. Otherwise the case of a registrant aided by the Government Appeal Agent might later prove embarrassing to him.

4. All male persons in the United States who had attained their eighteenth birthday and who had not attained their forty-sixth birthday on the 12th of September, 1918, were required to register, except those who had registered prior thereto under the provisions of the Selective Service Law and those specifically exempted by the law and amendments from registration.

5. If it is discovered that a man has for any reason failed to register, he should be instructed to go at once to the proper Local Board for registration.

6. Every person who was required to register on September 12, 1918, and who was on that day between the ages of nineteen and thirty-six, both inclusive, must file a Questionnaire properly filled out, even though he does not wish to claim deferred classification. When Questionnaires are hereafter mailed to those persons of other ages who registered on September 12, 1918, such registrants will be subject to the same regulations. Every registrant should himself make sure that he receives his Questionnaire promptly. The names, or the numbers representing the names, of those to whom the documents have been sent will be posted by Local Boards daily.

SERIES I.—GENERAL QUESTIONS.

Every registrant must answer ALL the questions in this series, and sign his name at the bottom.

If a registrant answers question 10 of this series in the affirmative, members of the Legal Advisory Boards should be careful to elicit information in regard to questions 11, 12, and 13 of this series. The answers should be as full as possible, and the Local Board should be given the benefit of any information covering the subject of these questions possessed by a member of the Legal Advisory Board which can be properly disclosed by him.

If the registrant is an inmate of an institution mentioned in question 12 and is unable to answer the questions in this series, the executive head of the institution should be requested to communicate the information immediately to the Local Board.

SERIES II.—PHYSICAL FITNESS.

Every registrant must answer the first two questions. If he answers the second question "yes," he need not answer the remaining questions. If he answers the second question "no," he must answer ALL the questions. He must sign his name at the end of this series of questions.

If the registrant is an inmate of an institution mentioned in question 6 and is unable to answer these questions, the executive head of the institution should be requested to communicate the information immediately to the Local Board.

The provisions of the Selective-Service Regulations dealing with physical qualifications will be found in Sections 122 to 128½, and 182 to 188; see also P. M. G. O. Form 75, "Standards of Physical Examination."

SERIES III.—LEGISLATIVE, EXECUTIVE, AND JUDICIAL OFFICERS.

Every registrant must answer the first question. If he answers "no," he need not answer the remaining questions nor sign his name. If he answers "yes," he must answer ALL the questions and sign his name.

Federal officers within the meaning of paragraph (a), Rule XII, Section 79, S. S. R., are shown in Part XIII of the Selective Service Regulations.

No claim for deferment need be made when the Questionnaire discloses that the registrant is such officer. (See Section 79, Rule XII (a), and Part XIII, S. S. R.)

SERIES IV.—MINISTERS OF RELIGION.

Every registrant must answer the first question. If he answers "no," he need not answer the remaining questions nor sign his name. If he answers "yes," he must answer ALL the questions and must sign his name.

The provisions of the Selective Service Regulations concerning the deferment of registrants on this ground are found in Section 79, Rule XII (b), and explanatory note thereunder.

SERIES V.—DIVINITY AND MEDICAL STUDENTS.

Every registrant must answer the first three questions. If he answers "no" to all of these questions, he need not answer the remaining questions nor sign his name. If he answers "yes" to question No. 1, No. 2, or No. 3, he must answer all the remaining questions and sign his name, and must also secure the supporting affidavit of the president, dean, or other executive head of the theological, divinity, or medical school. If such executive head be not available, the executive nearest in rank may make the affidavit, but must state therein why the superior officer is not available. (See Section 79, Rule XII (c), of the Selective Service Regulations.)

SERIES VI.—MILITARY OR NAVAL SERVICE.

Every registrant must answer the first question. If he answers "no" he need not answer the other questions nor sign his name. If he answers "yes," he must answer **ALL** the other questions **FULLY** and must sign his name.

The words "persons in the military and naval service of the United States," as employed in the Act of Congress of May 18, 1917, and in the Selective Service Regulations, are construed in Note 1 to paragraph (d) of Rule XII, Section 79, of the Regulations. This note should be referred to and read very carefully in connection with the giving of advice to registrants who answer the first question of this series "yes."

SERIES VII.—CITIZENSHIP.

Every registrant must answer all the questions, except as stated in the interlined instructions in this series of questions, or unless his status makes an answer to any question impossible, and must sign his name at the end of the series of questions.

Congress has enacted a law providing that a citizen or subject of a country neutral in the present war, who has declared his intention to become a citizen of the United States, shall be relieved from liability to military service upon his making a declaration, in accordance with such regulations as the President may prescribe, withdrawing his intention to become a citizen of the United States, which shall operate and be held to cancel his declaration of intention to become an American citizen and shall forever debar him from becoming a citizen of the United States.

It is very important that members of the Legal Advisory Boards read and study this series of questions and instructions and notes pertaining thereto, contained in the Questionnaire, and also Section 79, Rule XII, (e) (f), (k), (l), and (m), and notes thereunder in the Selective Service Regulations. (Also see Section 117½ of the Regulations.)

SERIES VIII, PART A.—COUNTY AND MUNICIPAL OFFICIALS AND FEDERAL EMPLOYEES.

Every registrant must answer the first question. If he answers "no," he need not answer the remaining questions nor sign his name. If he answers "yes," he must answer **ALL** the questions and sign his

name. If he claims deferred classification on the ground that he is employed by the United States as customhouse clerk, or in any of the capacities mentioned in question 1, he must also secure and file with the Local Board an affidavit of the official having direct supervision and control of the branch of the Government service in which the registrant is engaged, stating that he is necessary to the adequate and effective operation of such service, and can not be replaced by another person without substantial, material loss and detriment to the adequate and effective operation thereof. In the case of a registrant in departmental service stationed outside of the District of Columbia, the affidavit must be made by the official having direct supervision of the applicant. In all cases such affidavit must be indorsed "approved" by the Secretary of the Department or other certifying official specified in Part XIV, S. S. R. The affidavit to be filed by a necessary agricultural expert, employed by a State agricultural college receiving Federal funds, is described in Section 77, Note 1, S. S. R.

In connection with this series of questions members of Legal Advisory Boards should read carefully Section 77, Rule X, (d), (f), (g), (h), and (i), and explanatory paragraphs and notes thereto, of the Selective Service Regulations.

The office of the Provost Marshal General has prepared a circular of information concerning the deferred classification of necessary Government employees under the Selective Service Regulations. This circular should be read carefully. Copies may be obtained from the Local Boards, or will be furnished upon request by the Office of the Provost Marshal General. This circular also contains the form of the affidavit, Form 1044, P. M. G. O., which should be used in connection with claims for deferment under this series. Local Boards have a supply of Form 1044, and will furnish same upon application.

SERIES VIII, PART B.—PILOTS AND MARINERS.

Every registrant must answer the first question. If he answers "no," he need not answer the remaining questions nor sign his name. If he answers "yes," he must answer ALL the questions and sign his name. If he claims deferred classification as a licensed pilot, he must secure and file with the Local Board an affidavit signed by the collector or deputy collector of the port from which the registrant regularly sails, stating that he is a licensed pilot regularly employed in the pursuit of his vocation. If he claims deferred classification as a mariner he must submit evidence in support of his claim sufficient to satisfy the Local Board that he is entitled to such classification.

Read in connection with this series of questions, Section 78, Rule XI, and notes thereunder, and paragraph (i) of Rule XII, Section 79, and note thereto, of the Selective Service Regulations.

SERIES VIII, PART C.—FIREMEN AND POLICEMEN.

Every registrant must answer the first question. If he answers "no," he need not answer the remaining questions nor sign his name. If he answers "yes," he must answer ALL the questions and sign his name. If he claims deferred classification as a trained fireman or

policeman, he must secure and file with the Local Board an affidavit signed by the official head of the department of the municipality by which he is employed, stating that the registrant is a trained fireman or policeman, the length of time he has been continuously employed and compensated by the municipality he is now serving, and that he can not be replaced without substantial and material detriment to the public safety in the municipality in which he is serving.

Read paragraph (e) of Rule X, Section 77, of the Selective Service Regulations.

SERIES IX.—RELIGIOUS CONVICTION AGAINST WAR.

Every registrant must answer the first question. If he answers "no," he need not answer the other questions nor sign his name. If he answers "yes," he must answer ALL the questions and sign his name. Religious conviction against war is not a ground for deferred classification.

Read Rule XIV and notes thereunder of Section 79 of the Selective Service Regulations before attempting to assist a registrant to answer this series of questions.

SERIES X.—DEPENDENCY.

Every registrant must answer the first question. If he answers "no" and does not claim deferred classification on the ground of dependency or family, he need not answer the remaining questions or sign his name. If he answers "yes" or, having answered "no," he claims deferred classification on the ground of dependency that he has a wife and children or motherless children and therefore is entitled to claim in Class II a or b, regardless of actual dependency, he must answer all the questions and sign his name. If he intends to claim deferred classification on the ground of dependency or family, or if he expects any person to claim deferred classification for him on such ground, he must secure the supporting affidavits, provided for in the Regulations and the Questionnaire, of every person over 16 years of age named as dependents or members of his family. He or any other person may also (and if the Local Board requires it, he or they must) file with the Local Board additional affidavits, which must be legibly written or typewritten on one side of white paper of the approximate size and shape of the Questionnaire.

All members of Legal Advisory Boards should at once thoroughly familiarize themselves with Sections 70 to 76 of the Selective Service Regulations and notes thereunder before attempting to give advice to registrants as to how this series of questions should be answered. The importance of this can not be overestimated in view of the importance of this series of questions. Don't attempt to aid a registrant before reading these sections of the Regulations.

SERIES XI.—INDUSTRIAL OCCUPATION.

The following explanatory memorandum by the Provost Marshal General will be found inserted in each Questionnaire:

Subsequent to the printing of the Questionnaire Congress amended by the Act approved August 31, 1918, the Selective Service Law by substituting for

the provision wherever occurring in Section 4 of the said law "Persons engaged in industry, including agriculture" the words "Persons engaged in industries, occupations, or employments, including agriculture."

The Questionnaire was based on the words of the original Act and this memorandum explains the effect of the amendment and the manner in which the Questionnaire as printed may be used for the purpose of making claims by or in respect of persons engaged in occupations or employments.

The effect of the amendment of August 31, 1918, is to permit claims to be made by or in respect of "necessary" persons engaged in occupations or employments found to be "necessary" to the maintenance of the Military Establishment, or the effective operation of the military forces, or the maintenance of national interest during the emergency.

The decision as to whether or not any particular occupation or employment is "necessary" for any of the purposes specified in the Act of Congress and as to whether or not the registrant is "necessary" therein, rests with the District Boards, subject only to the duty of the Local Boards under Rule XXXII, Section 101, of the Selective Service Regulations to make their recommendations.

However, the Local Boards have original jurisdiction, subject to the right of appeal to the District Boards, of the claims of registrants who are engaged in the occupations or employments specifically designated in Section 4 of the Selective Service Act as exempt or entitled to temporary discharge, that is, deferred classification, under Rules and Regulations prescribed by the President, namely, officers, legislative, executive, and judicial of the United States and of the several States, Territories, and the District of Columbia, ministers of religion, students of divinity, medical students, county and municipal officials, including firemen and policemen, customhouse clerks, persons employed by the United States in the transmission of the mail, artificers and workmen employed in the armories, arsenals, and navy yards of the United States, such persons employed in the service of the United States as the President may designate pilots and mariners.

Under the Act as amended, claims by or in respect of registrants engaged in occupations or employments other than those specifically named in the Act come within the exclusive original jurisdiction of the District Boards for decision as to whether or not the particular occupation or employment is "necessary" for one of the purposes specified in the Act and the registrant is "necessary" thereto, the Local Boards only making their recommendations.

Registrants, or others making claims in respect of registrants, engaged in agriculture will record their claims in the proper divisions on page 1 of the Questionnaire relating to agricultural claims. The claim that a registrant is engaged in a "necessary" agricultural enterprise and is "necessary" thereto in the capacity of a farm laborer especially fitted for the work in which he is engaged should be made in Division C, Class II, on page 1 of the Questionnaire.

Registrants or others making claims in respect of registrants engaged in "necessary" industries, occupations, or employments, other than agriculture, will record their claims in the proper divisions on page 1 of the Questionnaire relating to industrial claims.

The claim by or in respect of any registrant that he is engaged in a "necessary" industry or occupation or employment and is "necessary" therein in the capacity of a laborer, worker, or employee especially fitted for the work in which he is engaged, should be made in Division D, Class II, on page 1 of the Questionnaire.

The claim by or in respect of any registrant that he is engaged in a "necessary" industry or occupation or employment and is "necessary" therein in the capacity of a highly specialized expert, should be made in Division K, Class III, on page 1 of the Questionnaire.

The claim by or in respect of any registrant that he is engaged in a "necessary" industry or occupation or employment and is "necessary" therein in the capacity of an assistant or associate manager of the industry, or in the occupation or employment or a manager of a substantial integral part thereof, should be made in Division L, Class III, on page 1 of the Questionnaire.

The claim by or in respect of any registrant that he is engaged in a "necessary" industry or occupation or employment and is "necessary" therein in the capacity of sole managing, controlling, and directing head thereof, should be made in Division D, Class IV, on page 1 of the Questionnaire.

Such claims, other than claims based on engagement in agriculture, must be made and information in support thereof be given under Series XI, Industrial

Occupation, of the Questionnaire, and the claim supported by the affidavits required on page 15 of the Questionnaire.

Additional affidavits may be filed with the Questionnaire when deemed necessary by the registrant or by the person making the claim in his behalf to fully set forth the facts in support of the claim.

The revised Regulations in respect of registrants engaged in industries, occupations, or employments, including agriculture, will be found in Sections 80 to 89, Selective Service Regulations.

The claim by or in respect of any registrant that he is engaged in a necessary agricultural enterprise as a necessary assistant, associate or hired manager, or as a necessary sole managing, controlling, or directing head thereof, should be made in Division J, Class III, or in Division C, Class IV, as the case may be, on page 1 of the Questionnaire.

Attention is called to the fact that as to firemen and policemen, and as to necessary laborers or workers in necessary industries, occupations or employments including agriculture, the element of skill has been eliminated from the revised Regulations.

Every registrant must answer the first question. If he answers "yes," he must answer all the remaining questions, except as stated in the interlined instructions, and must sign his name at the end. If the registrant claims deferred classification on account of engagement in industry, he must secure the two supporting affidavits annexed at the end of Series XII, in conformity with the following rules:

1. If the registrant is an employee, affidavit No. 1 must be made by his immediate superior and affidavit No. 2 by the executive head of the enterprise. If the business extends into more than one State, affidavit No. 2 may be made by the head of the division or plant in which the registrant is actually employed. If the registrant's superior is also executive head of the enterprise, affidavit No. 1 shall be made by such executive, and affidavit No. 2 need not be executed.

2. (a) If the registrant is part owner of the enterprise as a stockholder or partner, affidavit No. 1 must be made by a stockholder or copartner, and affidavit No. 2 by a near neighbor. (b) If he is the sole owner, both affidavits must be made by near neighbors.

All affidavits and other proof in support of claims for deferred classification on the grounds of industrial occupation or employment must be filed with the local board, except such proof as the District Board may directly require, and all additional affidavits and other written proof must be legibly written or typewritten on one side only of white paper of the approximate size of this sheet.

For supporting affidavits see end of Series XII, page 15 of the Questionnaire.

SERIES XII.—AGRICULTURAL OCCUPATION.

Every registrant must answer the first question. If he answers "yes," he must answer ALL the remaining questions, except as stated in the interlined instructions, and must sign his name. If the registrant claims deferred classification on the ground of engagement in agriculture, he must secure the two affidavits at the end of this series of questions, of two persons, in conformity with the following rules:

1. If the registrant is an employee, affidavit No. 1 must be made by his employer and affidavit No. 2 by a near neighbor.

2. If the registrant is the sole owner of the land, both supporting affidavits shall be made by near neighbors.

3. If the registrant is the owner of the land with another, affidavit No. 1 shall be made by the coowner and affidavit No. 2 shall be made by a near neighbor.

4. If the registrant is a tenant of the land or a tenant with another, affidavit No. 1 must be made by the owner of the land or the latter's agent, and affidavit No. 2 by a near neighbor.

All affidavits and other proof in support of claims for deferred classification on agricultural grounds *must be filed with the Local Board*, except such proof as the District Board may directly require; and all additional affidavits and other written proof must be legibly written or typewritten on one side only of white paper of the approximate size of the Questionnaire.

If the registrant claims that his father or other relative interested with him in the enterprise is incapacitated to manage the farm, he must attach to his Questionnaire an affidavit of a reputable physician stating that he personally knows such relative's physical condition and what that condition is.

The revised Regulations in respect of registrants engaged in industries, occupations, or employments, including agriculture, will be found in Sections 80 to 89, S. S. R.

REGISTRANT'S AFFIDAVIT.

If the registrant can not read, the questions and his answers must be read to him by the officer who administers the oath, and if the registrant can not write, his cross-mark signatures must all be witnessed by the same officer.

None of the printed matter of the affidavit may be added to, erased, or stricken out, except the word "swear" or "affirm" as the case may be.

As to affidavits and other proof, and the administering of oaths under the Selective Service Regulations, see Sections 10 and 95, S. S. R.

CLAIMS OF APPEAL.

Appeals from classification by Local Boards are governed by Section 104 of the Selective Service Regulations.

Appeals to the President from decisions of District Boards are governed by Sections 20, 21, 111, and 112A of the Selective Service Regulations.



**DEPARTMENT OF JUSTICE,
WASHINGTON, D. C.**

INTERPRETATION OF WAR STATUTES.

BULLETIN No. 92.

**DECISION OF UNITED STATES COURT, NORTHERN DISTRICT OF
CALIFORNIA, RELATING TO JURISDICTION OF COURTS OVER
DECISIONS OF EXEMPTION BOARDS ON QUESTIONS OF DEPEND-
ENCY IN CASE OF MARRIAGE OF REGISTRANT AFTER REGIS-
TRATION DAY.**

In the Southern Division of the United States District Court for the Northern District of California, First Division. Joseph Boltano, petitioner, v. District Board, Northern District, No. 3, Sacramento, Cal., et al., respondents. No. 16363.

DOOLING, District Judge:

The proceedings sought to be reviewed here are proceedings taken under the selective-service law. The local board of Amador County, upon the return of petitioner's questionnaire, which showed that he was a married man with a dependent wife and an unborn child, placed him in Class IVa. Upon appeal by the Government the district board placed him in Class I, and in due time he was directed to report for military service.

He then applied to this court for a writ of certiorari, which was issued, and a hearing was had upon his petition and the return made thereto by the two boards. The record shows that petitioner was married on June 27, 1917, after the passage of the act, and after the petitioner had registered thereunder pursuant to the proclamation of the President.

It may be briefly noted in passing that the act gives to the President the power to exclude and discharge from the selective draft, among others, "those in a status with respect to persons dependent upon them for support which renders their exclusion or discharge advisable."

The act also provides for the creation of local and district boards, and declares that the decision of such district boards shall be final, except that the President may modify or reverse the same. The

President is also authorized by the act to make rules and regulations governing the organization and procedure of the local and district boards.

Pursuant to this authorization a very elaborate course of procedure has been devised and a large number of rules promulgated. Of these the ones bearing directly upon this proceeding are the following:

Section 76, Rule IX. "In Class IV shall be placed: (a) Any married registrant whose wife or children are mainly dependent on his labor for support."

Section 72, Rule V. "On May 18, 1917, every person subject to registration had notice of his obligation to render military service to his country. The purpose of the Selective Service Law was not to suspend the institution of marriage among registrants, but boards should scrutinize marriages since May 18, 1917, and especially those hastily effected since that time, to determine whether the marriage relation was entered into with a primary view of evading military service, *and unless such is found not to be the case* boards are hereby authorized to disregard the relationship so established as a condition of dependency requiring deferred classification under these regulations."

The questionnaire showed nothing further than that the marriage was contracted June 27, 1917; that he was then 23 years and his wife 31 years of age, and the district board, so far from finding that it was not contracted with a primary view of evading military service, found that it was what the board designated a "war marriage," and reversed the action of the local board, which gave to petitioner the deferred classification.

The history of the case, as disclosed by the record, shows that the local board, which in the small community was more or less in touch with all the registrants, had itself twice before this, and on practically the same evidence, refused deferred classification and placed petitioner in Class I.

There was no evidence before the board at any time tending to show affirmatively that the marriage was not entered into with a primary view of evading military duty, and Rule V above quoted seems to place upon the registrant who has entered into the marriage relation since May 18, 1917, the burden of making such showing as will authorize the board to find that such marriage was not entered into with that view.

The language of the rule is "and unless such is found not to be the case boards are authorized to disregard the relationship." This does not mean that all marriages after May 18, 1917, shall be looked upon with suspicion, but if any circumstances in the previous history of the case as disclosed by the record induce the belief in the

minds of the board that a marriage under consideration was in fact what this board denominates a "war marriage," the registrant must show affirmatively that such was not the case.

The decision of the district board is made final by the act itself, and the courts can interfere with their action only when the registrant has been denied a fair hearing, when he has not been given an opportunity to be heard at all, or when the action of the board is so manifestly unfair and unjust as to make it apparent that the rights of the registrant have been disregarded, and that he has been clearly wronged. And it may be said that even if the court would have reached a different conclusion from the evidence if the case were presented to it in the first instance, that fact can not be held sufficient to warrant the court in holding that the hearing accorded the registrant by the district board was unfair.

Nothing appears in this record that would authorize the court to disturb the action of the district board, the finality of which is proclaimed and determined by the law itself. It was not intended that every dissatisfied registrant should find relief in the courts. Indeed, the selective-service law would be shorn of all its vigor and efficacy were the courts to undertake to review the action of the local and district boards in any case where it does not clearly appear that such boards have abused the great powers conferred upon them.

The writ of certiorari is therefore discharged, and the order restraining the local and district boards from proceeding further with petitioner's induction into the service is set aside.

APRIL 20, 1918.

RELI

The Soldiers' and Sailors
sailors from undue hardship, ()
obligations or property rights

A soldier or sailor may on which an installment is yet nonpayment. Or he may have necessary occupation in the required now be unable to keep up the during his absence the lapse of be sued on some claim in his

In these and other ways
such hardship.

The provisions of the act
main principle is as follows:

(1) Let some one, on behalf of the *sailor*. Then the court will make a decision. The court has power to stay the other proceedings. The court may also make a decision.

(2) If a lawsuit has been
and give the notice above me
preparing to sell out or to ta
court in whose jurisdiction th

WAR DEPARTMENT.

OFFICE OF THE PROVOST MARSHAL GENERAL.

October 12, 1918.

**GENERAL INSTRUCTIONS FOR PREPARING SUMMARY
CARDS, 1918.**

I. SCOPE OF REPORT.

1. Follow the instructions step by step, and your report will be accurate. Study the entire list of instructions before making any entries.

2. The report consists of four Summary Cards. There are 154 items in all on the four Summary Cards, numbered consecutively throughout the four cards. For convenience in transcribing the data from board records the items are so grouped that—

All information required to complete Summary Card No. 1 will be found in the old *Docket Book* and the *Classification List* (Form 1000);

All information required to complete Summary Card No. 2 will be found on the *cover sheets* of the Questionnaire;

All information required to complete Summary Card No. 3 will be found on the *registration cards*;

All information required to complete Summary Card No. 4 will be found in *sundry records*.

II. HOW ENTRIES ARE TO BE MADE.

1. All entries are to be made in *black ink*.

2. *Use of tally sheets.*—(1) For Summary Card No. 1, ascertain totals by first tallying the items for each registrant on tally sheet No. 1. If any board has already tallied and prepared such totals to date, then the tally sheet provided by this office need not be used. But its use is urgently recommended as the speediest and most accurate way of obtaining the totals.

(2) For Summary Card No. 2, ascertain the totals by first tallying the items for each registrant on tally sheet No. 2. *This is indispensable.* There is no other way of obtaining the information in the form desired.

(3) For Summary Card No. 3 ascertain the totals by first tallying the items for each registrant on tally sheet No. 3. But instead, if desired, the totals can be found by thrice dealing out the registration cards, first by marriage, then by ages, and, thirdly, by nationalities.

(4) For Summary Card No. 4 no tally sheet is needed.

3. *Number of tally sheets.*—The data desired should be kept *separate* for (1) the registrants of ages 21–30 (who registered between June 5, 1917, and September 11, 1918), and (2) of age 21, who registered on June 5, 1918, and August 24, 1918. Hence two separate sets of tally sheets, also of summary cards (except No. 4), are supplied for the purpose. *Be sure to use the sheets and cards having the appropriate headings.*

All June 5 and August 24, 1918, Tally Sheets and Summary Cards bear form numbers with “a” affixed and are printed in red ink.

A supply of tally sheets proportionate to the number of registrants is supplied to each board. Additional supplies can be had upon request to the draft executive of the State.

4. *Transfer of tally totals to Summary Cards.*—As soon as the tally sheets No. 1 are completed, for both series of registrants, transfer the totals to Summary Cards No. 1, using a *separate summary card* for each of the two above-named groups of registrants. (Note that a *single* Summary Card No. 4 serves for both series of registrants.) As soon as all seven Summary Cards have been completed, *but not before*, mail them to the Provost Marshal General in the envelope provided, being sure to place your Local Board stamp on the envelope in the lower left-hand corner. Then mail the post-card notice of the completion of the work.

The tally sheets should *not* be transmitted to the Provost Marshal General, but should be *preserved* in the office of the board.

Be sure that all Summary Cards bear the *stamp of your Local Board* before being placed in the mail.

To enable several persons to work upon these data the paging of this pamphlet has been arranged to permit the separation of the pages which apply to the respective Tally Sheets and Summary Cards.

III. INSTRUCTIONS FOR FILLING TALLY SHEET AND SUMMARY CARD NO. 1.

NOTE.—All June 5 and August 24, 1918, Tally Sheets and Summary Cards bear form numbers with "a" affixed and are printed in red ink.

1. Column 1 represents the *total number of registrants* shown in your Local Board records to September 11, 1918.

The registrants in the *first* registration include all the registrants of ages 21–30 who were registered between June 5, 1917, and September 11, 1918, inclusive, and who were of those ages on June 5, 1917; i. e., it includes all persons who were due to register on June 5, 1917, even if they registered tardily as late as September 11, 1918; but it does not include any person who registered on or after September 12, 1918, even if he was due to register prior to that date.

The registrants in the *second* and *third* registrations represent all registrants becoming 21 years of age on or since June 5, 1918, and up to August 24, 1918. *Persons becoming 21 years of age since August 24, 1918, and registering on or after September 12, 1918, are not to be included at all.*

2. Column 2 represents the total number of *white* registrants. This is ascertained by tallying the whites from column 3 of the Classification List.

3. Column 3 represents the total number of *colored* persons registered. This is ascertained by tallying the colored from column 3 of the Classification List.

4. Column 4 represents the total number of *Indians* registered. This is not ascertainable, under the first registration, from the Classification List; but it is assumed that any boards in whose area there are Indian registrants can ascertain without difficulty the exact or approximate number of Indians registered.

In making the estimate of Indians under the first registration, endeavor to distinguish Indian citizens from Indian noncitizens, entering them as "C" and "N-C."

5. Column 5 represents the total number of *Oriental*s registered. This is not shown, under the first registration, upon the Classification List; but it is assumed that any board having oriental registrants can ascertain the figures with approximate accuracy.

Under the second and third registrations (June 5, 1918, and August 24, 1918) the registration cards show Orientals and Indians separate from all others.

NOTE.—The sum of columns 2, 3, 4, and 5 should equal column 1.

6. Column 6 shows the number of *persons deceased* before December 15, 1917. These ought to have been canceled by directions from the State headquarters; but, in any event, what is desired is the total number of cancellations for death made before December 15, 1917, at whatever time the death occurred.

7. Column 7 represents the total number of *cancellations* made on *other grounds*, by direction of State headquarters, before December 15, 1917.

8. Column 8 represents those registrants who have *failed to report* or submit to physical examination before December 15, 1917, and is found by tallying column 36 of the old docket sheet.

9. Column 9 represents those registrants who were *ordered to report* for entrainment before December 15, 1917, and is found by tallying column 47 of the old docket sheet.

10. Column 10 represents those registrants who were *rejected* at camp on entrainment orders issued before December 15, 1917, and is found by tallying column 51 of the old docket sheet.

11. Column 11 represents those registrants who *failed to report at camp* on entrainment orders issued before December 15, 1917, and is found by tallying column 50 of the old docket sheet.

Beginning with Column 12 you are dealing with registrants coming under the new classification system in force December 15, 1917.

12. Column 12 represents those registrants whose registrations were cancelled on or after December 15, 1917, on account of death, regardless of the actual time of decease, and is shown by the Classification List.

13. Column 13 represents the total number of *cancellations* made on *other grounds* by direction of State headquarters on or after December 15, 1917.

14. Column 14 represents those registrants who were *ordered to report for entrainment* on or after December 15, 1917, and is found by tallying column 24 of the Classification List.

15. Column 15 represents those registrants who *failed to report at camp* on entrainment orders issued on or after December 15, 1917, and is found by tallying column 25 of the Classification List.

16. Column 16 represents those registrants who were *accepted at camp* on entrainment orders issued on or after December 15, 1917, and is found by tallying column 26 of the Classification List.

17. Column 17 represents those registrants who were *rejected or discharged at camp* on entrainment orders issued on or after December 15, 1917, and is found by tallying column 27 of the Classification List.

18. Column 18 represents those registrants who have been *reported as delinquents* to the adjutant general of the State, except those who have afterwards reported for duty and been inducted; and is found

by tallying column 28 of the Classification List, with the exception of those individuals who have afterwards been physically examined as shown by an entry in column 20.

19. Column 19 represents those registrants who have *never been classified*, and is found by tallying column 6 of the Classification List with the exception of those who have afterwards been entered in column 13.

20. Column 20 represents those registrants whose cases have been *forwarded to the District Board on any ground*, and is found by tallying column 15 of the Classification List.

21. Column 21 represents those registrants whose records have been *returned by the District Board*, and is found by tallying column 16 of the Classification List.

22. Column 22 represents those registrants whose cases have been *appealed to the President*, and is found by tallying column 17 of the Classification List.

23. Column 23 represents those registrants whose records have been *returned from appeal to the President*, and is found by tallying column 18 of the Classification List.

(Columns 24 to 28 represent the results of *physical examination*. At this point it is necessary to distinguish the results as to *colored* and *white* persons; therefore, every tally in these columns for *colored registrants* should be made by *adding the letter "C."* In tallying the totals from the tally sheets in columns 24 to 28 for transfer to the Summary Card, be sure to include *all* tallies, regardless as to whether marked "C" or not. The totals for the "C" tallies will be shown in the supplementary squares on the Summary Card marked 24C to 28C.)

NOTE.—Columns 24 to 29 deal with Class I registrants only.

24. Column 24 represents those registrants who have *not been physically examined*, and is found by tallying the blanks in column 21 of the Classification List.

25. Column 25 represents those registrants who *have been physically examined*, and is found by tallying the entries in column 21 of the Classification List.

NOTE.—The sum of columns 24 and 25 should equal the total Class I registrants.

26. Column 26 represents Group C of Class I registrants, i. e., those who have been found physically qualified for *special or limited military service only*, and is found by tallying the red circle entries in column 8 of the Classification List.

27. Column 27 represents Group B of Class I registrants, i. e., those who are qualified for *general military service* when cured of a *remediable defect*; and is found by tallying the black circle entries in column 8 of the Classification List.

28. Column 28 represents Group A of Class I registrants, i. e., those who have been found physically qualified for *general military service*, and is found by tallying the entries in column 8 of the Classification List other than those having black ink or red ink circle entry.

The sum of columns 26, 27, and 28 should equal column 25.

29. Column 29 represents *noncombatants of Class I* and is found by tallying the cipher entries under the registrant's classification in column 8 of the Classification List. Do not at this point tally any entries of any other noncombatants.

24C to 28C.—After completing the foregoing; tally the total entries marked "C" in columns 24 to 28 on the tally sheet and enter them in the supplementary squares 24C to 28C on the Summary Card. These totals show the figures for physical examination of Class I *colored registrants*.

29½. Column 29½ represents those registrants who have been placed on the *Emergency Fleet list* and is found by tallying the entries "E. F." in column 29 of the Classification List, when not struck out by later cancellation.

The grand totals of all the totals of tally sheets No. 1 for the respective columns should then be entered in the corresponding column items on the Summary Card No. 1, which correspond identically in the number series to the columns of the tally sheet. Do not carry forward totals from one tally sheet to another. Add each tally sheet separately, and then totalize all the tally sheets on a separate blank sheet for transfer to the Summary Card.


IV. INSTRUCTIONS FOR FILLING SUMMARY CARD NO. 2.

NOTE.—All June 5 and August 24, 1918, Tally Sheets and Summary Cards bear form numbers with letter "a" affixed and are printed in red ink.

The object of this Summary Card is to give accurate information as to the number of men in the several divisions (not merely for each class as a whole). This is because the totals of many important groups of registrants (e. g., enlisted men, mariners, United States employees, etc.) and of men deferred solely on the ground of engagement in agriculture or industry are revealed only by the division figures. For ascertaining them the cover sheet of the Questionnaire must be used.

From the cover sheet can be ascertained, first, the *claims* made by the registrant, as contrasted with the claim granted; and secondly, the highest, or *effective*, classification, as distinguished from the *extra* classification.

1. In tallying the *claims made* for the several divisions of each class look on the *first* or *second* horizontal line bearing the divisional Roman numerals on the cover sheet. Tally the claims by making a thick horizontal dash, thus —.

The *grant* or *denial* of the claim is found by looking on the *third* and *fourth* horizontal lines bearing the Roman numerals on the cover sheet, and comparing the classification by the Local or District Board with the classification, if any, on appeal. If the claim was *granted*, leave the horizontal dash just as it is; this will signify a claim granted. If the claim was *denied*, draw a *circle* around the dash, thus . In this way the dash will show a claim made and granted, and the dash and circle will show a claim made and denied. No distinction need be made between the denial of a claim by the Local or District Board and on appeal; the final decision only should be recorded.

2. The following entries will show simply claims denied or granted. The next thing to show in marking the claims *granted* is to show a distinction between *effective* and *extra* claims granted. The effective classification is indicated by simply leaving the dash as it was. The *extra* classification is indicated by drawing a *vertical line* through the dash, thus making a cross +. The cross will therefore show an *extra* claim granted, and the dash will show an *effective* claim granted.

The *reason* for the distinction between the extra classification and the effective classification is this: If all of the granted claims were tallied and totaled without distinction the grand totals would (on account of plural claims granted) greatly exceed the total of registrants actually existing and deferred; so that the totals of each division would be misleading and useless for determining the effectives. For example, the total for Class IV might add up 450 and the total for Class V might add up 100, and yet 50 of the Class IV registrants might be identical with 50 of those whose Class V claims were granted; Class IV would thus actually total only 400 effective claims; but there would be no way of ascertaining the deduction to be made. Again, the total for Class IV-A might appear to be 450 and the total for Class IV-D might appear to be 310, and yet 100 of these IV-D registrants might also have a Class IV-A claim granted, so that only 210 of the IV-D claims granted would actually be in Class IV-D on agricultural or industrial grounds solely; and yet the deduction would not be ascertainable. But, by distinguishing, in the symbols used, between *effectives* and *extras* it will be possible to determine the number of persons whose effective status, under the law, depends upon their being in that division; while the extra classifications, added to the effectives, will show the total action of the board in respect to each kind of claim.

Definition of effective and extra classification.—When a registrant is placed in *more than one class*, the *most deferred* classification granted is his effective classification, i. e., Class IV is more deferred than Class III, and Class V is more deferred than Class IV; *except* that wherever any deferred classification for *dependency* is granted, and also a deferred classification for industry or agriculture or other occupation in Classes II-IV, then the dependency classification is the effective one, and the other is the extra one, i. e., even if the other classification is higher in class number. This is because under the Regulations a deferment solely on the grounds of agriculture or industry does not prevent the registrant from being called, in case of necessity; while a deferment on the grounds of dependency does so defer him from being called until his entire class is reached. Therefore, as between a deferment for dependency and a deferment solely for industry or agriculture or occupation in Class II-IV, the former is always the effective one.

For example: Suppose a registrant is in IV-D and II-B, then II-B is the effective classification and IV-D the extra classification. Suppose a registrant is classified in II-D and IV-A, then IV-A is the effective classification and II-D is the extra classification. Suppose a registrant is classified in I and III-K, then III-K is the effective classification and I is the extra classification. Of course, wherever Class V occurs, it is the most deferred classification, and therefore

the effective one, and all others are extra; for example: if a registrant is classified in I, III-D, and V-G, or in III-A, IV-D, and V-F, then Class V is always the effective and the two others are extras.

A study of the first page of the Questionnaire, with a recollection of the special status of dependency deferment as having priority over deferment solely on occupational grounds in Classes II, III, and IV, will make the task a simple one of tallying the effective and extra classifications as described above.

It is believed that after making a few sample entries in pencil, the application of the foregoing process will become almost automatic in its simplicity and speed. It is indispensable that the Report should include these data.

3. *Tally sheets.*—The tally sheet requires no additional explanation for its separate processes. The column numbers on the tally sheet are merely for convenience. The entries for each column are to be taken from the cover sheet. For example: If the cover sheet shows that a claim was made for IV-A, and is granted, then the horizontal dash is inserted opposite the man's Order Number, in column 49 of the tally sheet, which is the column for Class IV, Division A.

Each tally sheet column should be totalled by itself and entered at the foot of the column. Do not carry forward the column footings from page to page. Add them up on a separate blank sheet for transfer to the Summary Card.

A separate tally sheet should be started for age 21 men registered June 5 and August 24, 1918.

4. *Summary Cards.*—The entries of Summary Card No. 2 are made by transferring the grand total of all of the tally sheets No. 2. The squares on the Summary Card are marked with classification division and column numbers identical with tally sheets No. 2. Thus the totals of column 36 on the tally sheet should be transferred to the squares on column 36 on the Summary Card, entering the three totals for the respective symbols in the three squares, and adding up the grand total on the Summary Card.

V. INSTRUCTIONS FOR FILLING SUMMARY CARD NO. 3.

NOTE.—All June 5 and August 24, 1918, Tally Sheets and Summary Cards bear form numbers with "a" affixed and are printed in red ink.

This tally sheet and Summary Card represent the data as to *marriage, age, and nationality*. A portion of these data was given in the 1917 report, and also in the 1918 reports. But the 1917 data are imperfect, because, since November, 1917, nearly 100,000 registrants have been added to various registration lists; moreover, the Report Cards for the June 5, 1918, registration, and for the August 24, 1918, registration, were not received from a large number of boards, and by a still larger number of boards they were not completely filled in. It is therefore necessary to obtain a complete and accurate report covering all three registrations, and this report will permanently close the subject. The data here represented are of great consequence to the administration and policy of the Selective Service system.

1. *Symbols*.—It is necessary to indicate how many registrants under each head were *placed in Class I*. This will be done by using two separate symbols, the "X" to indicate Class I, and the double cross "# " to indicate all deferred classes without distinction.

The classification system was not in effect until December 15, 1917, and all men who had not been ordered to camp by that date came under the classification system. Therefore all men who had been *ordered to camp before* December 15, 1917, are to be treated as Class I men. Hence, the "X" should be used to designate all men who were ordered to camp before December 15, 1917, *and* all men who since that date have been placed in Class I.

Before proceeding to tally the entries as to marriage, age, and nationality, all the registration cards of those who went to camp before December 15, 1917, as well as those who were placed in Class I after that date, should be *marked with an "X" in blue pencil*, to distinguish them from those who since that date were placed in a deferred classification; the latter cards receive no mark.

2. *Sorting the Registration Cards*. Instead of using tally sheets, some operators may prefer to sort the cards into piles, as was done in making the report for 1917.

If the card-sorting method is used, the cards would have to be dealt out three successive times. On the *first* operation the *married* and *single* men would be dealt into two separate piles, and the cards would then be counted and the totals entered on the Summary Card, squares 67 and 68. On the *second dealing* the cards would be dealt into piles corresponding to the *ages*, and the cards would then be counted and entered on the Summary Card, squares 69 to 78. On the *third dealing* the cards would be dealt into four piles corresponding to *native-born citizens*, *naturalized citizens*, *nondeclarant aliens*, and *declarant aliens*; the cards would then be counted for each of the piles, and the totals entered on the Summary Card, squares 109, 110, and 79-108 (two squares). Noncitizen Indians should be piled and counted with nondeclarant aliens.

In this counting, *each pile*, for *marriage*, *age*, and *nationality*, will disclose two kinds of cards, viz, Class I registrants, as shown by the "X," and all others not containing the "X." The totals for the "X" cards should be entered under each heading on *line 1* of the proper Summary Card square; and the totals of the cards not bearing the "X" should be entered for each heading on *line 2* of the proper Summary Card square.

After thus getting the totals of the four kinds of nationality, take the two piles of registration cards for *aliens* (declarant and nondeclarant), and deal each of them out into piles according to countries, and then within each country, deal out again according to Class I or deferred classes, i. e., cards bearing the "X" or not bearing the "X," and then count each of the smaller piles and enter them on the Summary Card in squares 79-108. Then, in the third and sixth columns for each of these squares, add up and enter the declarants and nondeclarants for each country.

3. *Tally sheets*.—If, instead of sorting the cards into piles, tally sheets are used, then, in tallying each registration card on to the tally sheet for the respective items of *marriage*, *age*, and *nationality*, the symbol "X" will be used for the Class I registrants, as shown on the registration cards, and the symbol "#" will be used for registrants having deferred classification, as shown by the registration cards bearing no "X." Then at the foot of each Tally Sheet the total for each of these symbols, "X" and "#" will be entered on lines 1 and 2 there reserved.

Columns 67 and 68 represent *married* and *single* registrants on the tally sheet.

Columns 69 to 78 represent *age*.

Columns 79 to 108 represent *alien nationality*. In tallying onto these columns, distinguish a *declarant alien* by drawing a circle around the "⊗" or "⊙." The "⊗" indicates Class I and the

"⊗" indicates a deferred class; thus, declarants in Class I will be indicated by "⊗" and declarants in a deferred class will be indicated by "⊗".

Columns 109 to 110 represent *native born* and *naturalized* citizens.

The sum of the four items showing citizens and aliens should equal the total registration. The sum of the two items showing declarant and nondeclarant aliens should equal the aggregate of items 79 to 108.

VI. INSTRUCTIONS FOR FILLING SUMMARY CARD NO. 4.

These data may be estimated, where no exact records have been kept.

1. *Recent marriages.*—These are to be ascertained from the records prepared by each board in pursuance to telegram B-1475, dated June 13, 1918, directing all boards to reclassify cases involving marriage since May 18, 1917 (C. S. S. R. No. 5, June 21, 1918, amending section 72, Rule V, S. S. R.). Such marriages are there divided into three sorts, viz.

- (a) Registrants *becoming 21* since June 5, 1917, who married *since* January 15, 1918;
- (b) Registrants *becoming 21* since June 5, 1917, who married *before* January 15, 1918, but since May 18, 1917;
- (c) Registrants of ages 21-30 *on June 5, 1917*, who married *since* May 18, 1917.

The totals for these three sorts of marriages should be entered respectively as follows:

- (a) Enter in Square 111 the *total number* of the above (a) marriages.
Enter in Square 112 the number of such registrants *reclassified* into Class I.
- (b) Enter in Square 113 the *total number* of the above (b) marriages.
Enter in Square 114 the number of such registrants *reclassified* into Class I.
- (c) Enter in Square 115 the *total number* of the above (c) marriages.
Enter in Square 116 the number of such registrants *reclassified* into Class I.

2. *Local board hours total.*—Ascertain the approximate total number of *hours* devoted by the board as a whole to the administration of the draft. State the approximate number of hours for the board taken collectively and not as individuals. Enter the total in Square 117. Be sure to state the lump total for the *entire* period to date—not the hours per week or per month.

3. *Court releases.*—Ascertain the approximate number of registrants charged with *serious offenses* who have been *released* by the courts for induction. Enter the total in Square 118.

4. *Naturalization of declarants.*—Ascertain the approximate number of *declarant* registrants who have *become naturalized* citizens of



the United States since registration. Enter the totals in Squares 119 and 120, keeping the 1917 and June-August, 1918, classes separate.

5. *Waiver of alienage*.—Ascertain the approximate number of *alien* registrants who have *waived* claims for deferred classification on that ground. Enter the total in Squares 121 and 122, keeping the 1917 and June-August, 1918, classes separate.

6. *Board members' occupations*.—Fill out the lines in Square 123 with the brief designation of the occupation of each board member. Do not give the names of the members. Enter only the principal occupation. Use a short description, one word, if possible; e. g., lawyer, doctor, farmer, railroad man, plumber, etc.

7. *Indians inducted*.—Ascertain the approximate number of *Indian* registrants who have been inducted, indicating citizen and non-citizen Indians separately. Enter the totals in Squares 124, 125, 126, and 127, keeping the 1917 and June-August, 1918, classes separate.

8. *Indians claiming deferment*.—Ascertain the approximate number of *claims* for deferred classification filed by Indian registrants. Enter the total in Squares 128 and 129, keeping the 1917 and June-August, 1918, classes separate.

9. "*Work or fight*" order.—These data are to be ascertained from the records prepared by each board in pursuance to C. S. S. R. No. 4, May 23, 1918, adding Sections 121 A–121 L.

The data should cover the four principal stages of action by the board, viz., notice to appear; registrant's change of occupation pursuant to notice; registrant's appeal and certification of case to District Board; and case still pending for decision before Local Board. The data should also show the occupational status of the registrants thus handled, i. e., idle, persons serving food, etc.; there are six of these groups, as set forth in Section 121 K, C. S. S. R. No. 4. The Summary Card indicates them by the letters used in the above Section 121 K.

After arranging the records so as to ascertain the above totals, enter them in Squares 130 to 153, inclusive, on the Summary Card.

Then enter in Square 154 your *estimate* of the number of other registrants, *not* formally notified by you to appear, who changed their occupations or ceased idleness in consequence of the "Work or fight" order.

Do not inclose mere letters of transmittal with your Summary Cards.

Keep your figures within their proper spaces.

Do not fold the cards, nor mutilate in any manner. Neatness will help us materially.

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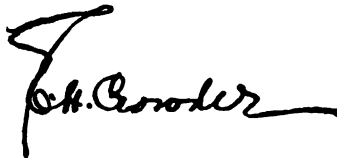


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arrangements should insure the continuous dispatch
the Provost Marshal General, so as to enable the
ce to proceed continuously, without being over-
cards at the last moment.

ecessary Instructions (five copies). With the In-
(1) this Letter (three copies), (2) Directions
Assistants for Transcribing Cards, and (3) sample
es).

is completely installed, the more rapidly and
can be equipped to go forward in that mighty and
re all now straining every effort.



Provost Marshal General.

WAR DEPARTMENT
OFFICE OF PROVOST MARSHAL GENERAL

Washington, January 1, 1918.

I. DIRECTIONS TO LOCAL BOARDS' ASSISTANTS FOR TRANSCRIBING CARDS.

Transcribe first, so far as feasible, cards for men in Class I, leaving Class V till the last.

There are 47 entries to be made.

Do not make any entries or marks on the tabs at the top of the card.

Do not bend, mark, or tear the tabs.

Space 1.—Enter the registrant's Order Number from the cover sheet, Questionnaire, page 1, at the top.

Space 2.—Enter the registrant's Serial Number from the cover sheet, Questionnaire, page 1, at the top.

Space 3.—Enter the name of the Local Board (by county or city), and its number (if any) from the cover sheet, Questionnaire, page 1.

Spaces 4, 5, 6.—*Do not enter anything here.*

Spaces 7, 8, 9, 10, 11.—Enter the registrant's Class and Division, from the cover sheet, Questionnaire, page 1, as found by the Board and marked in the line "Classification on appeal," or, if no appeal, in the line "Classification by Local or District Board." Put a cross (X) to show the man's Class, under Class I, II, etc., as the case may be. Put the letter of his *division* in the blank space under the word "Division." If he has been classified in two or more Classes, or in two divisions of one Class, make an entry for each Class and each Division in which he is classified, as shown on cover sheet of the Questionnaire. If he is on the Emergency Fleet Classification List ("E. F."), enter also under Class V, in addition to the X, the letters "E. F." in red ink, as shown on cover sheet of the Questionnaire.

Space 12.—Enter the registrant's Name in full from the cover sheet of the Questionnaire.

Spaces 13, 14, 15.—Enter the registrant's State, Home Town, and Street or R. F. D. Address, from the cover sheet of the Questionnaire.

Space 16.—Enter the registrant's age from Questionnaire, page 4, answer 1.

Space 17.—Enter the registrant's Citizenship, if a United States citizen, by taking answer 1, Series VII, Questionnaire, page 8; or if an alien, in Class V, Division F, by taking Series VII, answer 3; or if a declarant, by taking answer 10.

Space 18.—Enter the language spoken, *other than English*, by taking the last two lines of answer 9, Questionnaire, page 4.

Spaces 19, 20, 21.—Enter the registrant's Physical Condition from the cover sheet of Questionnaire, item 11 ("Action of local board") or from item 13 ("Action of district board"). If qualified for limited military service, enter in space 21 the details, from Form 1010 ("Special entry"), report of physical examination, including the defect which disqualifies him and the occupation for which he is qualified. If rated merely as "Qualified" or "Disqualified," put an X in either space 19 or space 20, as the case may be.

Spaces 22, 23, 24, 25.—Enter Education from Questionnaire, page 4, answer 9, by entering the grade, for grammar school, the number of years, for high school (space 22 or 23), and the number of years and the special course pursued for college and technical schools (space 24 or 25).

Spaces 26, 27.—(Owner or employee) will be filled by looking in answer 3 (Questionnaire, page 4) and in answer 2 (Questionnaire, page 12) or answer 2 (Questionnaire, page 13).

Spaces 28 to 42.—Industrial Qualifications. This part of the card is most important, and requires careful analysis of the Questionnaire answers.

The card calls for a triple division, viz, the Industry,¹ the Occupation within the Industry, and the special Tool, Instrument, or Job used or done by the man in that occupation; but the first and the second or third *only* may suffice. Here are some examples:

Industry.	Occupation.	Special tool or job.
Sawmill.....	.....	Gluer.
Sawmill.....	.....	Planer.
Tinware factory.....	.....	Enameler.
Tannery.....	.....	Currier.
Iron mines.....	Miner.....	Driller
Iron mine.....	Manager.....	
Iron mine.....	Engineer.....	Hoisting engine.
Farm.....	Farm hand.....	Irrigator.
Farm.....	Farm hand.....	Dairyman.
Bond brokerage.....	Clerk.....	Stenographer.
Real estate brokerage.....	Clerk.....	Bookkeeper.
Steam railroad.....	.....	Conductor.
Steam railroad.....	Engineer.....	Locomotive.
Steam railroad.....	Engineer.....	Civil.
Steam railroad.....	Engineer.....	Stationary.
Steam railroad.....	Car shops.....	Car repairer.
Steam railroad.....	Car shops.....	Assemblers.
Steam railroad.....	Car shops.....	Riveters.
Musician.....	Brass band.....	Trombone.

1. *The important things to ascertain and record accurately are the first and the third items.* If the first and the third are given with accuracy, the second can be ignored, because its term can be inferred and designated afterwards by the classifiers at the Provost Marshal General's office.

the usage of the Census Bureau "industry" means the article or product made on or the place where the work is done, while "occupation" means the kind of work or service done by the individual.

The *first* of the items (Industry) should therefore be charged as specifically as possible. Thus, do not enter simply "Mill" or "Factory," but "Sawmill," or "Paper mill," or "Cotton factory," or "Brass factory." The object should be to ascertain and note the *precise industry* or *product* at which the man works.

The third item (Tool or Job) should also be entered as specifically as possible. Thus, if the registrant describes himself as "musician in a brass band," add also in the third heading the kind of instrument he plays, e. g., "trombone" or "drum." If he describes himself as "steam railroad engineer," add in the third column "locomotive" or "stationary." If he calls himself "mechanic," add "drop forger" or "riveter," or whatever it may be. If he describes himself as a "boot-and-shoe-shop clerk," add "salesman" or "book-keeper," if such he is.

Of course some occupations, such as "manager" in the second space, would have no further detail to add in the third heading.

Moreover, if sufficient detail is given to put the specific branch of work in the third heading, it may be needless to make any entry in the second heading, as shown in several illustrations above.

Spaces 28, 29, 30.—To determine the "Primary Industry," look in answer 5, Questionnaire, page 4.

Before making entry on spaces 28–30, study all the answers in Series I (Questionnaire, pages 4–5), answer 3, line 1, answer 5, answer 10 (where underlined twice), answer 11; Series XI, answers 4, 6, 9, 10 (Questionnaire, page 12), or (if in agriculture) Series XII, answers 4, 5, 6, 11, 12 (Questionnaire, page 13), so as to place the result properly in spaces 28–30; i. e., putting in space 28 the man's industry, and in spaces 29 and 30 the specific occupation, work, or job done by him in that industry.

If the Questionnaire answers do not give sufficient information, make a memorandum for summoning the registrant personally to complete his answer.

Spaces 33, 34, 35, 38, 39, 40.—If no Questionnaire was filed, look at the registration card and enter such information as it contains concerning occupation ("Other industries"). Here enter the two other industries and occupations at which the man has worked longest. If he has named a fourth industry, omit it. Get the data by looking at Questionnaire, page 4, answer 3 (lines 2, 3, 4); page 5, answer 10 (with one underline), and answer 11.

Spaces 31, 36, 41.—(Number of years pursued) will be filled by looking in answer 3 (Questionnaire, page 4) and in answer 10 (Questionnaire, page 5).

Spaces 32, 37, 42.—(Monthly income) will be filled by looking in answers 16 and 21 (Questionnaire, page 12) or answers 19 or 25 (Questionnaire, pages 13, 14).

Spaces 43, 44, 45.—(Employer's Name and Address) will be filled by looking in answer 2 (Questionnaire, page 4).

Space 47 at bottom of card.—Will be filled by looking at items 2 and 3 of the cover sheet, and by entering an X if no Questionnaire was filed.

After filling out all the spaces as above, the assistant should place on the back of the card his or her name, then mark on the top of the cover sheet of the Questionnaire "Carded for P. M. G. O." with the date. The card should then be *verified* by a *second* assistant as to order number, serial number, class, and division. It should then be placed with other cards ready for transmission.

With the *first* transmission, prepare a list of the *serial numbers* of all men already ordered to report for service, i. e., not due to file Questionnaires, so as to account for every registrant not represented by an occupational card. Transmit this list with the first packet.

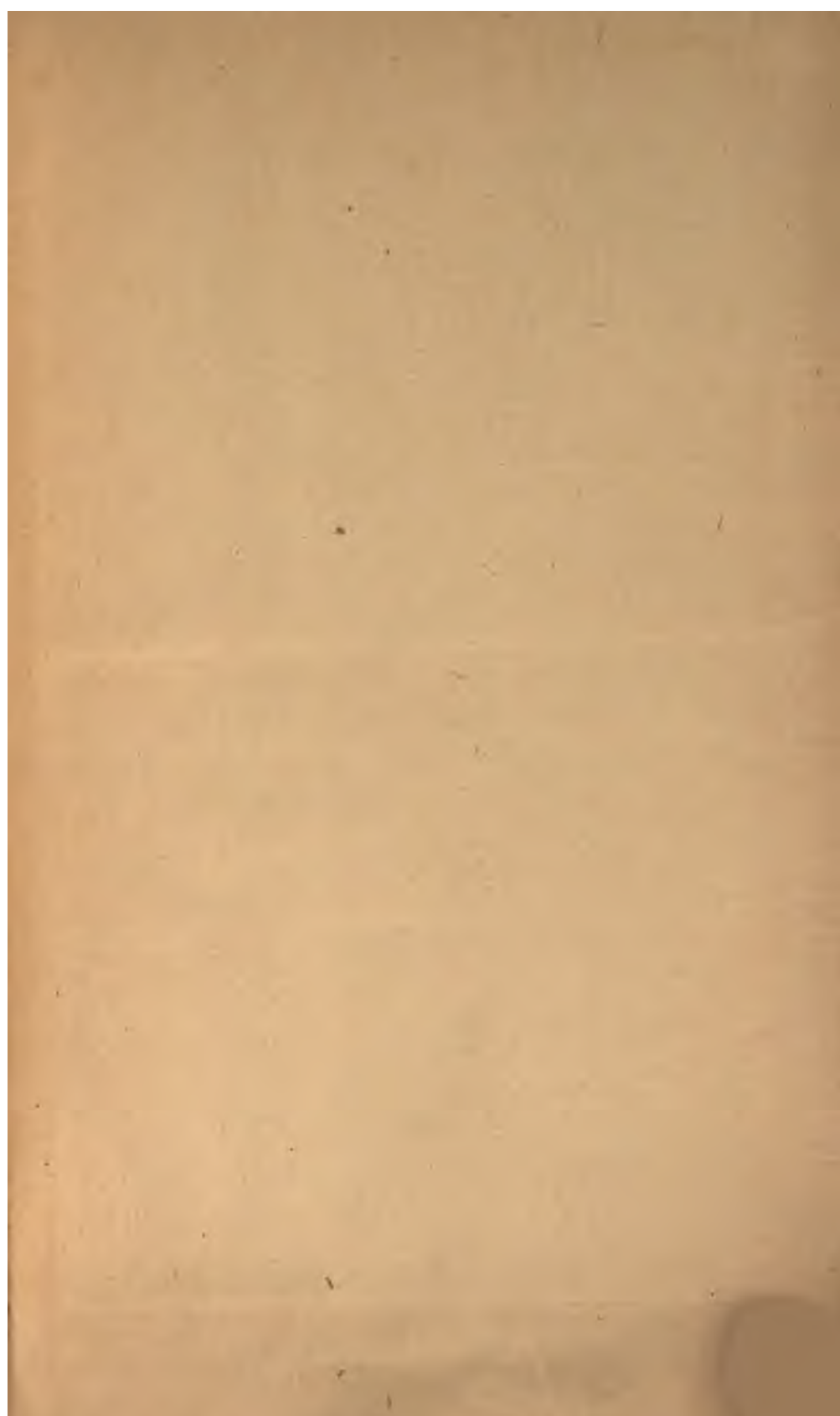
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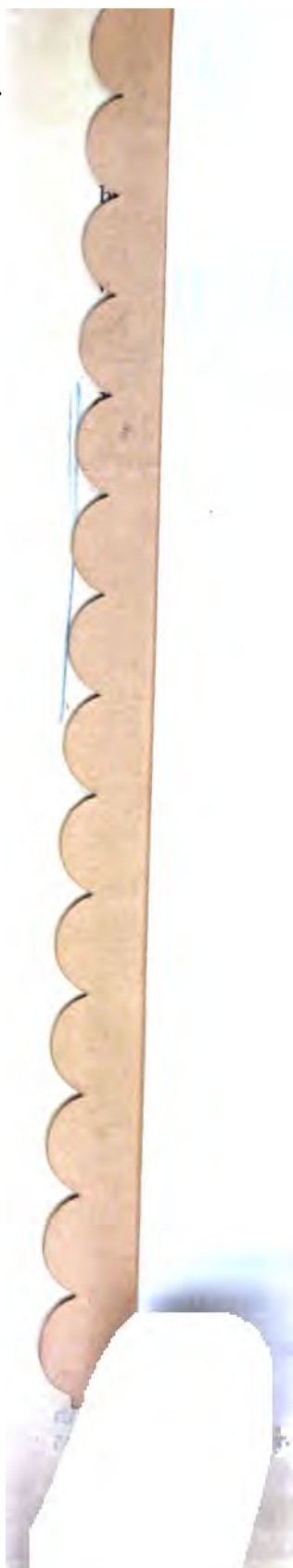


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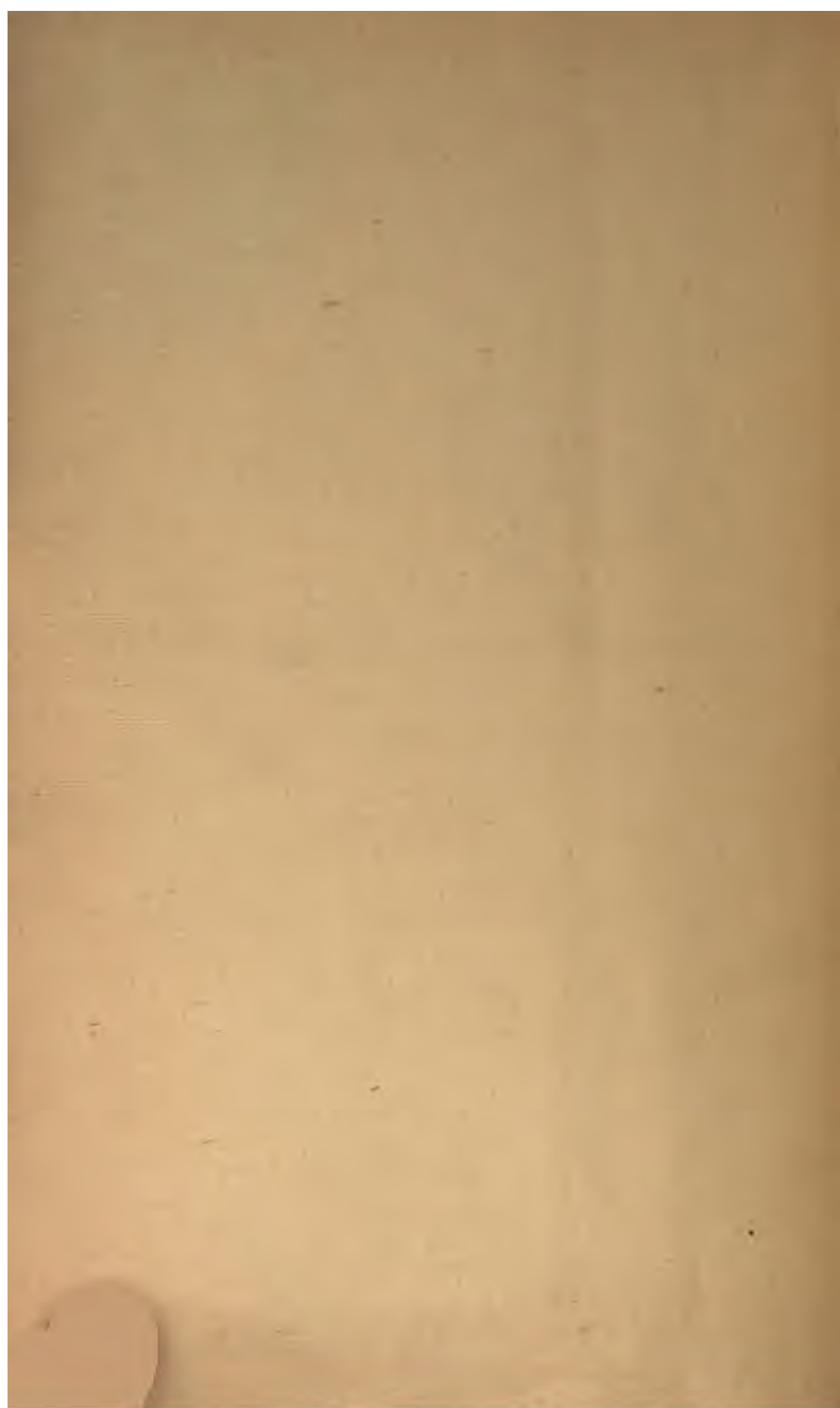
1. Order No.	2. Serial No.	3. Local Board Name and No.	4.	5.	6.	7. Class I	8. Class II	9. Class III
12. Registrant's First Name						Last Name		
13. State						14. Home Town		
15. Street Address						16. Age		
17. Citizen of						18. Other Languages Spoken		
19. Qualified						20. Designated		
21. Qualified for Limited Military Service (enter details)						22. Grammar		
23. High						24. College (enter course)		
25. Technical (enter branch)						26. Owner		
27. Employee						28. Primary Industry		
29. Kind of Industry						30. Occupation within the Industry		
31. Tool, Instrument, or Job						32. No. of Years Pursued or Wages		
33. Other Industry						34. Other Industry		
35. Other Industry						36. Other Industry		
37. Other Industry						38. Other Industry		
39. Other Industry						40. Other Industry		
41. Other Industry						42. Other Industry		
43. Name						44. Town		
45. Street Address						46. Street Address		
47. Failed to File Questionnaire						48. Failed to File Questionnaire		

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting department in ensuring the integrity of the financial statements. It also highlights the need for regular audits and the importance of transparency in financial reporting.

2. The second part of the document focuses on the implementation of internal controls to prevent fraud and ensure the accuracy of financial data. It outlines the key components of a robust internal control system, including segregation of duties, authorization procedures, and regular monitoring and evaluation.

3. The third part of the document addresses the challenges faced by organizations in managing their financial resources effectively. It discusses the importance of budgeting, forecasting, and financial analysis in making informed decisions and optimizing resource allocation.

4. The fourth part of the document explores the role of technology in modern accounting and finance. It discusses the benefits of using accounting software, data analytics, and automation to streamline processes and improve the accuracy and efficiency of financial reporting.

5. The fifth part of the document discusses the importance of ethical considerations in financial management. It emphasizes the need for integrity, honesty, and transparency in all financial transactions and the role of the accounting department in ensuring compliance with ethical standards and regulations.

6. The sixth part of the document provides a summary of the key points discussed and offers recommendations for organizations to improve their financial management practices. It emphasizes the importance of continuous learning, innovation, and collaboration in achieving financial success.

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